Lectures
ON
PUERPERAL FEVER.

By ROBERT BARNES, M.D. Lond.,

FELLOW AND EXAMINER IN MIDWIFERY, ROYAL COLLEGE OF PHYSICIANS; OBSTETRIC PHYSICIAN, AND LECTURER ON MIDWIFERY AND THE DISEASES OF WOMEN AND CHILDREN, ST. THOMAS'S HOSPITAL; PHYSICIAN TO THE ROYAL MATERNITY CHARITY; PRESIDENT OF THE OBSTETRICAL SOCIETY OF LONDON.

LECTURE I.—PART I.

THE PREVALENCE AND CAUSES OF PUERPERAL FEVER.

Of all the causes of death to which pregnant women are liable there is not one so disastrous as puerperal fever. If we include the continent of Europe, it may be confidently affirmed that puerperal fever destroys more lying-in women than all other causes combined. There is therefore no obstetric question which, in practical interest, can rival the study of this disease. And the interest attaching to it rises higher and higher as we contemplate the double prospect of prevention and of cure. Dire as is the disease in its worst forms, experience amply proves that it is often amenable to treatment; and I confidently believe that a careful investigation and analysis of the various sources whence the disease may spring must be attended by a large measure of success in the way of prevention.

There is, indeed, hardly any severe form of fever which offers a more promising field for the work of preservative medicine than does puerperal fever. In the very sadness of the reflection that in a large proportion of cases the origin may be traced back to some external cause which might have been warded off, we discern the germ of hope. True, some of these external agencies invade the lying-in-room by approaches so insidious as sometimes to baffle the utmost vigilance of the medical attendant. Still the hope seems well founded that by taking an accurate *reconnaissance* of the hostile forces that threaten from without, we may devise means of defending the lying-in woman against some of those forces, and these not the least formidable.

The most practical and the most useful division of the causes of puerperal fever is into—

1. External causes, or those agencies which, taking their rise in conditions foreign to the patient herself, have to be brought to her whilst she is in a state of susceptibility to their influence, in order that puerperal fever may be produced. Cases thus originating I propose to designate as Heterogenetic.

2. Internal causes, or those which take their rise in conditions proper to the patient herself, there being no contamination from without. The poison which ferments into Fever is generated within the patient. This order of cases will be defined as Autogenetic.

It will strike the mind at first sight that the autogenetic or internal order of causes will be more difficult to repel than those which assail from without. Yet even these are often successfully resisted. And it is a proposition which has become more and more clear to me as closer investigations have thrown more light upon the histories of individual cases, that the external causes are by far the most numerous and the most active.

Now, to protect the patient against these causes we have to keep guard at the door of the lying-in chamber. And surely this duty would seem more easy of accomplishment than to preserve the blood of the patient from those subtle contaminations which are apt to be developed in her own system.

I propose in these lectures to examine the conditions upon which the origin and propagation of puerperal fever depend; to take a general survey of the nature of the disease as seen at the present day, and more especially as it has fallen under my observation in this town; to consider the means of prevention; and, lastly, to discuss the methods of treatment.

At the outset of an inquiry of this nature, it is usual to exhibit the subject-matter in its numerical relations; to attempt even to solve the obscure points in etiology, pathology, and treatment by statistical processes. I have taken a special opportunity of stating the difficulties which embarrass us in the endeavour to reduce the complex facts of medical science to abstract simple entities which alone are the subjects of arithmetical and mathematical operations. These difficulties meet us here as elsewhere. The utmost use that we can make of figures in our present inquiry is simply to attempt a rough calculation of the extent to which puerperal fever prevails; to elucidate some of the conditions under which it exists; and to arrive at an approximate idea of its destructiveness. And even in this limited and apparently simple application we cannot avoid confounding in our aggregates cases dissimilar in the most essential features. It will be, for example, impossible to separate under different heads the cases which typify the various forms of puerperal fever. From the moment that we begin to muster individual cases in statistical columns each case is deprived of its individual character and significance; it is lopped or stretched to a common standard; it is put into the common uniform; it is compelled to perform an exactly equal duty in whatever evolutions it may please the statistical Procrustes to command. Facts so dressed up and drilled defy subsequent analysis and verification, and are no longer fit for comparison and sound medical reasoning.

We gather from the Registrar-General's returns that, during the years 1851–60, 863,743 births were registered in London. Those who have had to deal with vital statistics of course know that there are many births, notably still-births, which are not registered. Of this total, 1702 women are recorded as having died of puerperal fever, or 1 in 507 labours; and 2529 others as having died from other affections attendant upon childbed. The deaths from all causes were 1 in 204. The proportion of deaths from puerperal fever, as compared with all other deaths in childbed, is 43 against 57 out of 100. This calculation includes the deaths in the lying-in hospitals.

We may form a more correct idea of the relative fatality of puerperal fever by examining the more complete records of detached portions of the population. The most useful are those of the Royal Maternity Charity.

During the ten years 1853–62, this institution delivered 34,026 women. Of these, 94 died from all causes, giving 1 death in 362, or 2·7 per 1000. 36 only of these deaths were due to puerperal fever, being 1 in 944, or 1·06 per mille. The proportion of deaths from puerperal fever in the Charity is, therefore, less than in the general population (hospitals included), both in proportion to the total labours and to the deaths from all causes.

It is not easy to obtain full information as to the statistics of the lying-in hospitals of London. A direct challenge thrown down to these institutions by THE LANCET in 1862 produced, however, statements from the Queen Charlotte's and the British lying-in hospitals. With regard to Queen Charlotte's Lying-in Hospital, Dr. George Brodie states that "for the last thirty-six years—from 1828 to 1863 inclusive—the registers have been carefully kept; but no detailed accounts published. During this period, 7736 patients were delivered in the hospital." Of these, 198 died. This gives a mortality of 1 in 38. There is no parallel to this in London domiciliary practice. To account for a result so disastrous, we are reminded that the hospital admits a large proportion of single women, who enter broken down by physical and mental distress. Thus 3611 were single women. Amongst these the mortality was 1 in 28. The mortality amongst the married women was 1 in 57. The difference is remarkable. But again, I must observe, that domiciliary practice in London offers no approach to this mortality amongst married women. The mortality in the Royal Maternity Charity, whose patients are all married women, but including a large number living in the most abject condition, is only 1 in 362.

In Queen Charlotte's Hospital the death-rate from puerperal fever alone was 1·5 per cent. This, out of a total death-rate of 2·6 per cent., gives more than half the mortality to puerperal fever, a disease which in the domiciliary practice of the Royal Maternity Charity accounts for less than half of the deaths in childbed.

Another hospital which responded to the challenge is the British. This is a very small institution, the annual deliveries not exceeding 120. During the thirteen years 1849–61 the death-rate was ·69. The patients were all married women. But we see that, even amongst these, when subjected to hospital influences, the mortality is out of all proportion to that observed in domiciliary practice.

The General Lying-in Hospital has not, that I am aware of, published any authentic history of its proceedings; but it is well known that puerperal fever has on many occasions raged fatally within its walls, compelling the governors to shut up the institution in order to arrest the scourge. Dr. Ferguson

based his admirable work on Puerperal Fever upon observations, terminating in 1838, made in this hospital. The late Dr. Rigby gave me a statistical statement of the practice of this hospital from 1833 to 1856. From 1856 to the present time I am only able to show the total deaths as published by the Registrar-General. From Dr. Rigby's statement it appears that the deliveries averaged 206 yearly. The total number of deliveries during the twenty-four years was 4950. The total deaths amounted to 146, giving as nearly as possible a death-rate of 3 per cent. The greater part of this terrible mortality was certainly due to puerperal fever. During a portion of the period comprised in the foregoing statistics, the General Lying-in Hospital was under the influence of bad drainage; but this fact does not invalidate the general argument advanced.

If we sum-up the experience of these three lying-in hospitals, and contrast it with that of the Royal Maternity Charity, we shall possess a comparative view—not an unfair one—of the results of home and hospital midwifery. The observations apply to the same population, and very much to the same periods. 14,236 deliveries in the three lying-in hospitals gave 366 deaths. Thus we have a proportion of deaths in hospital practice to home practice of 25 to 3 in 1000.

I do not think any other conclusions can be come to than that the hospital excess of 22 deaths in every 1000 lying-in women is due to hospital causes; and that the chief of these causes is the manufacture of puerperal fever.

I have confined myself hitherto strictly to London practice—that is, to facts capable of easy verification by others. But in whatsoever direction similar inquiries be extended, we meet with similar results, and thus obtain so large and uniform confirmations of the conclusions I have stated that these become absolutely irresistible.

But the system of hospital midwifery in this town and country is happily restricted within the narrowest limits. The hospitals are not only few, but are, as we have seen, extremely small. The evils attendant upon them must therefore be inconsiderable if compared with those seen in other countries where hospital midwifery is the rule rather than the exception. It is therefore a question of the last importance to keep clearly in view what are the fruits and consequences of this system when pursued upon a large scale. I now propose to consider the proofs that the puerperal fever of the lying-in hospitals is in reality the produce of the hospitals.

1. In Germany especially great ingenuity has been expended in endeavouring to trace puerperal fever to that peculiar condition in lying-in women which we may call the puerperal constitution. This is derived from the changes effected in the system during pregnancy, by labour, and by the puerperal process. There is no doubt that the blood of the pregnant and puerperal woman, and her functions of secretion and excretion, are often profoundly modified: it must be freely admitted that these modifications do predispose her to febrile affections. The influence of this constitution cannot be overlooked. It goes, as I believe, far to account for a large proportion of the cases of puerperal fever belonging to our second great division—those, namely, which depend upon causes springing up within the patient herself. But, strictly speaking, it will account for no more. It will not by itself develop into puerperal fever on the scale and in the frequency with which we see this disease in hospitals. If it were alone sufficient, we ought to find puerperal fever as frequent in home midwifery as in hospital midwifery. The fact that puerperal fever is so far more frequent in hospitals must then depend upon other conditions especially belonging to the hospitals.

With this strictly logical deduction many minds will perhaps be satisfied. But other arguments connected with the question are so important as to demand careful consideration.

2. It has been contended, in Germany and France, that in many cases the fever which rages in the hospitals is only a manifestation of an epidemic influence acting upon the population generally, outside as well as inside the hospitals.

No doubt there are examples of the simultaneous prevalence of puerperal fever inside lying-in hospitals and amongst the population of the towns in which these are situated. This simultaneous prevalence may be presumed in some cases to depend upon a common cause; but certainly this is not necessarily the case, and it is still a question whether, properly speaking, we ought to admit the existence of such a thing as epidemic puerperal fever—that is, in the sense in which we speak of epidemic cholera or influenza. A rigorous investigation of individual cases would, I believe, certainly reveal the fact, that every case of so-called epidemic puerperal fever was the product of a poison conveyed to the patient from some definite source. If this be so, we might as reasonably talk of an epidemic vaccinia whenever a number of persons have been simultaneously vaccinated.

But if we admit the fact of the occasional simultaneous prevalence of puerperal fever inside hospitals and outside, it still remains to be proved that in such cases the fever got into the hospital from without. In not a few instances it is quite certain that the fever proceeded in the converse direction—that is, from the hospital to the town. Indeed, it is commonly found that the first cases break out in the hospitals; and what is more conclusive still, it has frequently happened that there has been no puerperal fever anywhere but inside the hospitals.

A comparison of the tables showing the mortality in the four lying-in hospitals of London and of the Royal Maternity Charity during the ten years 1853–62, will sufficiently prove this proposition. Whilst in the practice of the Charity the cases of fever were so rare that almost all might be attributed to causes generated in the patients themselves, or to the taking of prevalent epidemics, as typhoid or scarlatina, the hospital patients succumbed in such numbers that their deaths can only be ascribed to some special malignant influence.

OBSERVATIONS ON LITHOTOMY.

By JAMES R. LANE, F.R.C.S.,

SURGEON TO ST. MARY'S AND THE LOCK HOSPITALS, AND TO ST. MARK'S HOSPITAL FOR FISTULA, ETC.

I READ, not long since, some remarks by a distinguished surgical authority, to the effect that, in his opinion, lithotrity had of late years attracted so much attention that the importance of discussing the subject of lithotomy had been somewhat overlooked. I am induced therefore, having always taken great interest in the latter operation, to state the conclusions at which I have arrived with respect to certain points connected with its performance, and to give the result of my small experience of the method which, after due reflection, and frequent experiment on the dead body, has recommended itself to me as the best and safest mode of procedure.

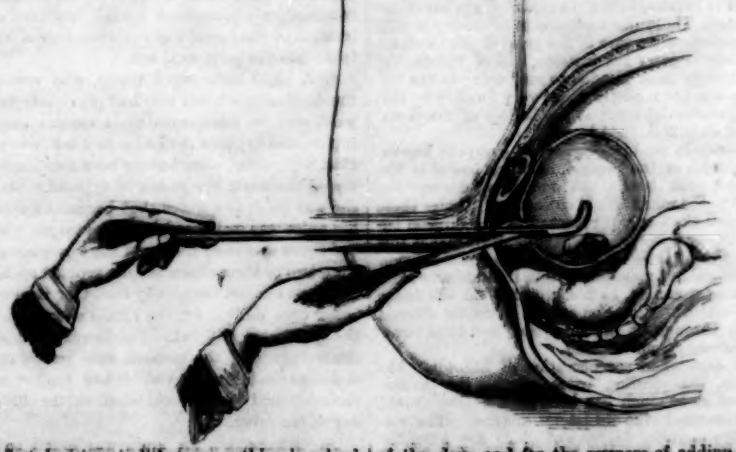
The method alluded to is based upon that introduced and long successfully practised by the late Mr. Aston Key, with a straight staff, the advantages of which are not, I think, sufficiently appreciated in the present day. Mr. Key's objection to the ordinary staff was that "at the part where it serves the purpose of a director it is curved, a form which is certainly least adapted to convey a cutting instrument where the eye of the operator cannot follow it."* He therefore employed a straight staff or director, which he afterwards modified by having it slightly bent at its extremity, lest the point should be caught in the prostate or in some accidental fold of the bladder, or should slip out of the bladder, and so cause embarrassment to the operator.

The advantage of having a straight director for the knife has always appeared to me to be very great. The pattern of the staff used by Mr. Key is, however, in my opinion, faulty in some important particulars. In the first place, it is not sufficiently curved at its extremity, so that there is still risk that in the hands of an indifferent assistant its point may escape from the bladder; secondly, the groove is continued beyond the straight part into the bend, which circumstance renders it possible that the point of the knife may pass out at the end of the groove, and even penetrate the opposite side of the bladder—an accident which I have been told has actually occurred. The first disadvantage may be avoided by having the last inch or inch and a quarter of the staff abruptly curved, so as to resemble in form the ordinary lithotrite; it will then not be likely to slip out of the bladder, and it will be of the most convenient form for discovering the stone before the operation is commenced. The second risk is avoided by having the groove made to terminate just before the curve begins, and to terminate, not gradually, but by an abrupt stop, against which the point of the knife may be distinctly felt to strike. The curved part of the instrument should be regarded in the light of a sound; the straight part, and that only, as a director to guide the knife into the bladder. During the first part of the operation the staff is held by an assistant, not perpendicularly, as when the usual curved instrument is used, but inclined at an

* On the Section of the Prostate Gland in Lithotomy. London, 1824.

angle of 45° with the patient's body. The superficial incisions having been made in the usual way, the urethra having been opened, and the point of the knife securely lodged in the groove, the operator takes the handle of the staff in his left hand, and depresses it nearly to the horizontal line before he commences his deep incision. At the same moment, holding the knife firmly in the groove of the staff, he turns the groove, which has hitherto been directed downwards, obliquely towards the left side of the patient, and thus lateralises both knife and staff to the degree required for the section of the prostate gland. He then pushes the knife steadily onwards until it is arrested at the end of the groove, or until a copious gush of urine assures him that he has penetrated far enough. It is almost impossible that the knife should escape from the groove; and by holding the staff in his own hand while he is using the knife, the operator will have a feeling of consent and security in the manipulation of the two instruments, which can never be obtained while one of them is in the hands of another individual. By firmly depressing the handle of the staff, its point, and with it the prostate and neck of the bladder, are raised in a corresponding degree, and are lifted away from the rectum, the danger of wounding which is consequently diminished. Still further safety to surrounding parts may be obtained by the operator pressing his knife firmly against the staff while he is making his incision, so as to carry both staff and prostate upwards and towards the right pubic ramus. He then withdraws and relinquishes the knife, and takes hold of the staff with his right hand, while he passes his left forefinger through the wound along the staff into the bladder. Having ascertained in this way that the incision has been satisfactorily completed, and having felt the stone, he withdraws the staff, and exchanges it for the forceps.

The advantages of the straight over the curved staff in making the deep incision are great: it enables the operator to take the staff in his own hand, his left forefinger not being required in the wound to protect the rectum, or to direct the passage of the knife; it admits of being lateralised together with the knife during the deep incision; and in the most important and delicate part of the operation, the knife, while out of sight, has to move along a straight instead of a curved instrument as a director. The sole objection to it that I can see is that it does not afford the same support to the first incision, and that the groove is not quite so easily exposed. It carries the urethra further from the surface, and there is a probability that it may be opened too far forwards, and that the bulb may be wounded. A very little care and practice will enable the surgeon, by directing the point of his knife somewhat deeply, and aiming at the apex of the prostate at the moment of opening the urethra, to avoid this error. I cannot conceive that anyone who is competent to undertake lithotomy at all, can have any appreciable difficulty in safely completing this stage of the operation.



In making the first incisions in lithotomy nothing is gained by commencing too far forwards. No more room is thus obtained for the extraction of the stone, while the liability to wound the bulb or its artery is increased. In my opinion the distance of an inch and three-quarters from the anus, sometimes recommended, is more than is necessary. I should say an inch and a quarter in an adult, and an inch in a child, afforded amply sufficient room in this direction. Some have recommended the incision to be commenced some distance to the left of the raphé, in order to avoid the bulb; it is quite true that by so doing the danger to the bulb is diminished, but the danger to its artery, which is of much more importance, is proportionately increased. The artery of the bulb passes obliquely upwards and inwards beneath the triangular ligament to enter the bulb upon its upper surface. Its position varies a little according to the level at which it takes its origin from the internal pudic, but its average course is parallel to, and a little in front of, the transversus perinei muscle. A due appreciation of this fact is of great practical value, for if the incision be begun away from the median line, and be continued deeply above the level of the transversus perinei, this artery is nearly certain to be cut across. I always commence the incision close to the raphé, and by doing so I believe the artery of the bulb is in almost absolute safety, while the bulb itself, which, however, is of less importance, may be avoided by not inserting the knife too deeply at the commencement of the first incision, and by aiming behind the bulb towards the apex of the prostate at the moment of entering the urethra.

A few years since (see THE LANCET for 1856 and 1857) an animated discussion took place as to the mode of holding the knife in the deep incision adopted by the late Mr. Liston, who seems to be generally accepted as the model lithotomist of modern times. In the drawing given in Mr. Liston's book, which has been followed in the earlier editions of Messrs. Miller, Pirrie, and Erichsen, the knife is placed over the hand—that is, it rests upon the palm, which is directed upwards, and the forefinger is advanced to support the blade, and steady it against the staff. According to Mr. Syme, Mr. Liston afterwards had the posterior part of the blade blunted, like the knife now in ordinary use, in order that the finger might not be injured. This, however, is not represented in the drawing. Mr. Fergusson maintains that there has been a mistake on the part of the artist; and that Mr. Liston was not in the habit of holding the knife in the manner represented, but *under* the hand, with the forefinger resting upon the back of the blade, which is the method adopted by himself. Mr. Fergusson's views are supported by Mr. Miller and Mr. Cadge, both of whom had ample opportunities of witnessing Mr. Liston's operations; while, on the other side, Mr. Syme, who is corroborated by Mr. Pirrie, positively asserts that Mr. Liston's practice was to hold the knife over the hand, supported by the forefinger, as represented in the diagram, and that he "would have been horrified at the idea of running a knife into the pelvic viscera of a patient without confining it between the finger and a director."

I am, of course, unable to throw any light upon this controversy: I allude to it merely as exemplifying the importance attached to the point by several of the leading surgeons of the day, and for the purpose of adding that the method which instinctively recommends itself to me is to hold the knife *under* the hand, with the forefinger on the back of the blade, during the first part of the operation, and until the urethra is opened, but to shift the hand into the position attributed to Mr. Liston by Mr. Syme, and represented in Mr.

Liston's diagram, before commencing the deep incision. It appears to me that a greater degree of security, with equal freedom of movement in making the deep incision, is in this way obtained.

Since I adopted the plan of operation with the straight staff herein described I have operated on ten cases of stone. Eight of these have occurred at St. Mary's Hospital; all have been children under ten years of age, and all have recovered without the intervention of a single unpleasant symptom. Of the other two cases, one was a child of four years, under the care of Dr. Baber, of Brompton, which also recovered favourably; the other, which terminated fatally, was a patient of advanced age, under the care of the same gentleman, in whom, however, the operation was undertaken almost as a last resource, to obtain relief from severe suffering, and without very sanguine hopes of ultimate success. In this last case I found the straight staff answer remarkably well. The deep incision was completed with the greatest ease, although the prostate was of large size and the perineum deep, so much so that the bladder could not be afterwards reached with the finger.

In the nine children alluded to I never encountered the least difficulty or delay in cutting into the bladder, except to a slight extent on the last occasion, in which a second application of the knife was required, the incision not having been carried far enough at first. This case, I explained to the students at the time, afforded a good exemplification of the difficulty which may arise in children, owing to the bladder being situated higher in the pelvis, and therefore deeper from the surface of the perineum, than in the adult; and, perhaps in a still greater degree, to the looseness of its connexion with surrounding parts, and consequent greater mobility. I found that the incision first made would not permit the finger to enter the bladder, and that the slightest attempt to force it along the staff in that direction only caused the bladder to recede before it without any nearer approach to the object in view. I of course immediately desisted, and, having introduced the knife again into the groove, passed it onwards until the bladder was fairly opened. Nothing would have been easier in this case than to have excavated with the finger a space in the recto-vesical region, which might have been easily mistaken for the bladder; or, with a greater degree of force, to have detached the bladder completely from the urethra, and to have penetrated into the cellular interval between the bladder and the pubic symphysis. No doubt this is the true explanation of the failures to complete the operation in children which are occasionally heard of, where no stone has been discovered after a protracted search; but in the cases where the patient has had the good fortune to recover, one has been removed by a subsequent procedure. The bladder has, in fact, never been opened at all, but a cavity, which has been mistaken for the bladder, has been hollowed out by the operator's fingers in the perineum. The knowledge of this cause of failure is no new thing to those experienced in lithotomy; nevertheless it has not always been noticed by surgical writers so prominently as it deserves, and it is impossible that the caution against it can be too often repeated. Those unaccustomed to lithotomy in children are often insufficiently aware of the great depth to which it may be necessary to carry the incision, and of the facility with which the mishap here alluded to may occur to the unwary. Mr. Fergusson has recently dwelt very forcibly on this subject, in his Lectures delivered at the College of Surgeons. (See THE LANCET, July 2nd, 1864.)

Children with stone in the bladder are, as everyone knows, very liable to prolapse of the rectum, and the bowel is frequently protruded just before the operation, during the struggles incident to the inhalation of chloroform. Under these circumstances I have often seen it returned by the surgeon before commencing the operation. I believe, however, that this is a mistake, and that it is better to allow it to remain down. If returned, it is lodged in a mass just within the sphincter, and is in danger of being wounded, as it encroaches on the space required for the incisions. I have on several occasions allowed it to remain down throughout the operation, and have never found any inconvenience from so doing.

In the present day, when the operation of lithotomy has been decided upon, the question arises whether the median operation, about which so much has been said of late, should be adopted in preference to the old lateral method. The median operation—the essential features of which are, a limited incision of the urethra in the median line of the perineum, and forcible dilatation of the prostate and neck of the bladder—has, as is well known, been much advocated of late years; it has been adopted by various surgeons of repute, and has been attended with a considerable degree of success. The success, however, of lateral lithotomy in children is so well established that the median operation can scarcely surpass it in this respect; while in adults, if we may judge from recent statistics, the inferiority of the new method becomes evident. I allude to the tables published by Mr. Williams, of the Norfolk and Norwich Hospital, of forty-four cases of median lithotomy, compared with the last forty-four current cases of lateral lithotomy performed in that institution up to November, 1863. So far as the numbers go, this appears to be as fair a mode of comparison as could be devised. There were eleven deaths after the median, only two after the lateral operation. The patients were of all ages, but the median operation had the advantage of a rather larger proportion of children. There was one case of death after the median under five years of age, but the principal mortality occurred between the ages of sixty and seventy. The weight of the stone is given in each instance: in no case except one did recovery take place after the median operation when the calculus exceeded in weight three drachms two scruples. It is right, however, to mention that the period required for recovery was found to be less after the median than after the lateral operation; the average time being thirty days in the former, and thirty-seven days in the latter.*

From this it may be inferred that median lithotomy in children is not safer than the old operation, while in adults it is not so safe; that in either case, if the stone is large, it is decidedly the more dangerous of the two, and therefore should only be practised, if at all, where there are sufficient grounds for believing the stone to be of small size; and that its principal recommendation is the somewhat shorter period required for recovery. I have never yet felt disposed to adopt it, not having been able to see that anything is gained by making the incision in the limited space which is available in front of the anus, rather than in the much more convenient and spacious lateral region; and being far from convinced of the advantage of forcible dilatation and laceration of the prostate and neck of the bladder over the limited incision of those parts, now generally practised in the lateral operation.

Grosvenor-place, Feb. 1865.

REMARKS
ON
SOME OF THE FORMS OF EPIDEMIC DISEASE RECENTLY PREVALENT.

BY T. B. PEACOCK, M.D., F.R.C.P.,
PHYSICIAN TO ST. THOMAS'S HOSPITAL, ETC.

(*Concluded from page* 118.)

SINCE the occurrence of the first case which I have described, another case of typhoid has terminated fatally by a comparatively infrequent though less rare consequence—perforation of the bowel and extravasation of the intestinal contents into the peritoneal sac.

5. A night-nurse, aged thirty, who was then employed in the surgical ward, but who had previously been in the medical ward and in attendance upon various cases of fever, both typhus and typhoid, was admitted into one of my beds on the 29th September, after having been four days ill, and then presented the usual symptoms of typhoid. On the 10th October she was much prostrated, but her intelligence was unaffected; her pulse was feeble and 105; the tongue was dry and brown; and there was some tremor of the lips when she spoke. There were two or three characteristic typhoid spots on the skin; the abdomen was not materially tumid or tender; and the bowels acted once daily. On the 13th she was more prostrated, and the spots were still out. The bowels were acted upon several times daily, and the motions were passed unconsciously; the abdomen had become very tumid, tender, and painful; and she continued to sink, and died on the 16th, or twenty-first day of the fever.

On examination, the brain was found somewhat injected, but was firm. The lungs were congested and œdematous. The walls of the heart were flaccid, and the cavities contained fluid

* See article "Lithotomy," by Mr. Poland, in Holmes's System of Surgery, vol. iv., p. 470.

blood, with scarcely any coagula. The peritoneal cavity contained several ounces of fluid fæcal matter; there was great congestion of the vessels of the serous membrane, and lymph on the surface of the intestines at the lower part of the ileum, and a few inches above the cæcum there was a small perforation of the intestinal coats. On laying open the canal, the stomach, duodenum, and jejunum were found healthy; but in the lower part of the ileum there were many patches which displayed typhoid deposit. In some of these the deposit remained below the mucous membrane; in others it was separating in the form of large thick sloughs, involving in the seat of the perforation the whole of the intestinal coats. In some places the sloughs had already separated, leaving ulcers. There were also some small masses of deposit in the cæcum. The liver was healthy; the spleen large and soft, weighing 13½ oz.; the kidneys were congested, and the other organs healthy.

In this case the perforation of the bowel occurred under circumstances similar to those which usually attend it. The patient died during the active stage of the disease, and the perforation occupied the most common situation. The period of death, it will be observed, was the twenty-first day. Of three other cases examined after death, the patients died two on the thirteenth day and one on the twenty-second; but I have known a patient to die with symptoms of perforation after only eight days of serious illness, though ailing before, and another at a period so late that he had left the hospital. The seat of the perforation is generally that occupied by it in the present instance. Of four cases, in one it was situated four inches above the colon; in the second, nine inches above; in the third, near the colon, the precise distance not being named; and in the fourth there were two perforations, one two inches above the ileo-cæcal valve, and the other eight inches higher up. The immediate cause of the perforation is generally the separation of a slough involving all the tunics, as in this case; but it may also occur from extension of ulceration and from rupture of the thin base of a deeply excavated ulcer. The latter is probably the case where the symptoms supervene after the patient has made some slight movement in the bed, or been up to the close-stool, or when, during convalescence, the patient is seized with symptoms of peritonitis after taking a full meal or eating indigestible food.

The precise period which elapsed between the occurrence of the perforation and the death of the patient cannot be stated in this case, but it could not have exceeded three days. Most generally the cases terminate in from twenty-four hours to three days from the occurrence of extravasation of the intestinal contents; I have, however, known a patient survive till the fifth day.

In one respect the case differs from some others which I have seen, and from what is probably generally the rule in such instances: the attack was from the first a severe one, and characterized by marked symptoms of abdominal disorder. The perforation often occurs in cases which, up to the time of the development of peritonitis, are of a very mild and unimportant character; and this remark has been made by most writers on the subject. Indeed, I have known the previous stage of febrile disorder to be entirely overlooked, and the true nature of the disease only ascertained on post-mortem examination.

The ages of the patients referred to were respectively seven, twenty-one, thirty, and thirty-seven—indicating, what more extended experience confirms, that perforation of the bowel occurs in cases of typhoid at all periods of life.

III. Typhus, which has been prevalent for the last two years, has continued to be of frequent occurrence up to the present time, and the cases which have recently come under notice have presented some features worthy of remark. In four instances the nurses or other attendants in the wards have been attacked, and in all these the disease was, in the early stage, of a more sthenic type than when it affects the ill-fed and overworked persons who are generally its victims. The eruption also came out in a form somewhat different from that which it usually assumes. The spots which first made their appearance were only few in number, decidedly elevated, and of a bright or pink colour; so that they bore considerable resemblance to the spots of typhoid. They were, however, much more numerous than the spots of typhoid usually are, and, after having been out for a day or two, the elevation subsided, they became of the ordinary livid hue, and the skin in the interspaces was covered by the usual mottling or mulberry rash. In this state it faded partially on pressure, and finally became petechial, as in ordinary cases. In one case, in a boy, I observed a modification of the eruption, which I have previously seen in children and young persons. The skin of the back, shoulders, and hips was covered by distinctly defined, round purple spots of very small size, which bore a close resemblance to flea-bites, and, from the first day that the boy was under notice, did not fade on pressure. The eruption continued out for three or four days, and then rapidly disappeared, and the boy, though seriously ill for about a week, and much prostrated, then, as is generally the case in children, rapidly recovered. The nurses all got well; and the cases of typhus which we have recently had have been generally less fatal than they often are.

The disease has in several instances been attended by considerable abdominal disturbance—tympanitic distension of the abdomen and frequent liquid evacuations; but in the only case under my care in which decided diarrhœa was present throughout the attack, the patient had taken aperients before her admission. This case was, indeed, altogether an anomalous one.

6. The patient, aged twenty-four, was a nurse-maid in the family of one of the officers of the hospital, and was admitted on the fourth day of illness in a very prostrate condition. At that time there were numerous elevated spots on the thorax and abdomen, which faded on pressure, and the abdomen was tumid and the bowels relaxed. The absence of any probability that she could have been exposed to contagion, and the general features of the case, appeared to indicate it to be a case of typhoid. Subsequently, however, the symptoms of cerebral disturbance became very marked; there was low muttering delirium, tremor of the extremities, and subsultus tendinum; the tongue was dry and brown; pulse quick and feeble. The elevated spots subsided, and the whole skin was thickly covered by livid non-fading spots, some small—petechial, others of large size—ecchymoses and vibices. Latterly the evacuations were passed unconsciously. She became comatose, and had slight convulsive movements about the head and face. She died on the fourteenth day of the disease.

On post-mortem examination the typhous nature of the disease was confirmed by the absence of any typhoid enlargement or sloughing or ulceration of the solitary and aggregate glands; but the condition of the lower portion of the small intestine was peculiar, the plates being more distinctly marked than usual, the solitary glands in the ileum and colon enlarged, and the mucous membrane over them injected. In the lungs there were some old tubercles at the upper parts on each side, with a small cavity bounded by thickened walls. It is probable that the peculiar condition of the alimentary canal might be due to the tuberculous tendency.

In most of the cases of uncomplicated typhus, the peculiar falling of the pulse, till its frequency was below the natural standard, was observed at the commencement of convalescence, and as the patient regained strength and made greater muscular exertion, it again rose, often to 100 or 120. This, indeed, seems of such frequent occurrence that it may be regarded as the natural process of cure, when there is no local complication to keep up the excitement at the subsidence of the febrile period.

It will be observed that in one of the cases of typhoid which I have related the patient was a nurse, and another of the nurses had typhoid a few months ago. It may, however, be doubted whether these cases originated in infection, though both must have been in attendance on typhoid cases. The ground occupied by the present temporary hospital has no proper system of under-drainage; and the nurses sleep on the ground-floor, and must therefore be greatly exposed to the miasms which may generate typhoid. Typhoid is, indeed, so slightly contagious that, with proper attention to cleanliness and ventilation, the danger of infection is very small. I never, in any hospital, observed an unequivocal instance of the spread of typhoid by infection, though several such have fallen under my notice in private houses, and especially in the cottages of the labouring poor in country situations, as in the mining districts of Cornwall and the north of England, in Bedfordshire, &c.

The cases of typhus in the nurses were undoubtedly taken in the wards, and all occurred in nurses who either were or had recently been in attendance upon sufferers from the same disease. A female patient, aged nineteen, under treatment in the surgical ward, also took typhus. She was in the bed next to the door leading into the medical ward, close to which were several typhus patients, and the wards are only separated by a partition of wood about six feet in height. She had a severe and characteristic attack of typhus, but recovered. She had been in the hospital for five weeks, had been confined to her bed all the time, and was not known to have had any direct communication with the fever patients. With this ex-

ception, I have not heard of any case of typhus spreading to the other patients in the temporary hospital, though it frequently occurred in the *old* wards of the hospital at Londonbridge; and I have seen patients infected at the Royal Free Hospital and in the Royal Infirmary of Edinburgh. In these cases, however, the wards were not adequately ventilated, and the space appropriated to each bed was too small. I believe, indeed, that in properly constructed hospitals, where the ventilation is good and the space around the beds is ample, there is little or no danger from infection; provided, however, that the proportion of the typhus patients to those with other diseases is limited, so that the number in the ward is not sufficient to create a fever atmosphere. When many patients are collected together in one ward, the atmosphere becomes so saturated with the fever poison that all persons unprotected by previous attacks, or otherwise susceptible to the poison, who enter them are liable to take the disease. If, however, only a limited number of cases of typhus be placed with the other patients, it is only those who have closely to attend the patients who suffer, and many even of the nurses escape, while the medical officers and pupils are rarely affected. As a proof of the readiness with which fever is in some cases contracted in fever wards I may mention that, some time ago, a student, not otherwise exposed, contracted fever by walking through one of the wards at the Fever Hospital, though he was not five minutes in the ward and did not examine any of the cases.

In reference to the treatment of these several forms of affection I have but little to say. The cases of influenza with pulmonary complications were treated by mild eliminants, diaphoretic and diuretic remedies, sinapisms or blisters, and poultices, followed by stimulants and tonics. None of the cases either called for or admitted of any kind of depletion. The febrile affections were usually treated by the chlorate of potash, in simple solution or with decoction of bark, or by sulphuric acid with bark, followed by the exhibition of ammonia and diffusible stimulants. In the later stages, when the patient did not rapidly regain strength and the appetite was deficient, quinine was frequently given. In all cases of fever, whatever their nature may be, I am especially careful to avoid the exhibition of purgatives in the early stages, and, if some aperient must be given, employ those which are of the mildest character: castor-oil, or rhubarb and magnesia, or a rhubarb and ipecacuanha pill with hyoscyamus. I have frequently seen, both in typhus and in typhoid, diarrhœa established by the injudicious employment of purgatives, which it has been difficult or impossible to arrest. When, however, diarrhœa supervenes naturally, I do not generally aim at suddenly arresting it. In typhus the diarrhœa may be regarded as an indication of prostration of power under the influence of the fever poison, and as therefore calling for the free exhibition of stimulants and support. In typhoid, also, I prefer leaving the diarrhœa to cease, as it generally will, naturally, only exhibiting more stimulus to counteract the exhaustion. When, however, it is so profuse as to endanger the life of the patient, the acetate of lead or tannic acid with opium, and starch and opium injections, are usually employed. Of late years I have chiefly used the tannic acid, and in cases of active hæmorrhage the same remedies have been employed, and with freedom proportioned to the urgency of the symptoms. The tincture of the sesquichloride of iron was used by Dr. Wyman in the case of hæmorrhage which recovered, and apparently with great advantage.

In all the forms of epidemic disease which have been recently prevalent, the prostration of strength has been extreme, and altogether disproportionate in many cases to the urgency of the local disturbance. The cases have therefore required the free employment of stimulants and support to overcome the immediate symptoms, and of tonics to recover the strength, and I have been compelled to have recourse to such means at an earlier period, and to exhibit them to a greater extent, than has usually been my practice.

Finsbury-circus, Feb. 1865.

THE LATE Mr. BELFOUR.—The remains of this gentleman were interred on Saturday last in Hackney Old Church Cemetery. With the exception of the chief mourners, the only members of the profession present were Messrs. Arnott, McWhinnie, Fairles, and Lyne, as representing respectively the Council, Fellows, Members, and Students; the College officials were represented by Messrs. Flower and Trimmer, the now veteran Stone as one of the chief mourners. Mr. Adams, the celebrated sculptor, succeeded in taking an admirable cast of the deceased, and Mr. Fitt has published a faithful likeness of the venerable secretary.

A CASE OF
CEREBRAL ANÆMIA, OR "FAINTING-FITS," CURED CHIEFLY BY MEANS OF ICE.

BY JOHN CHAPMAN, M.D., M.R.C.P.

MRS. A——, a lady aged thirty-one, pregnant, consulted me, August 24th, 1864, concerning her liability to what she calls "fainting-fits," and from which she has suffered at times ever since her marriage—eight years ago. She is liable, her husband says, to fits of profound mental depression, which usually end in either what he calls "a prostration fit" or "a fit of unconsciousness," most generally the latter. During each kind of these fits she is pale and "very cold," lying quite still and death-like. When she does not lose her consciousness, but is merely in "a prostration fit," though aware of what is going on around her, she is unable to move her hands, raise her eyelids, or give any sign of volition. The fits of unconsciousness seemingly differ from "the prostration fits" only in the fact that the consciousness which in the latter is so far lessened as to become incapable of issuing in volition, is in the former wholly abolished: to the spectator the phenomena in each case are the same, the difference being a matter of mental experience of which the patient alone can testify. When recovering from either kind of these fits, she shivers, and is intensely cold. The fits vary in length: their average duration is about three quarters of an hour. During the last ten days she has had five or six fits; during the previous month only one. She has been troubled with sharp and continuous pains in the cardiac region (which were pronounced by two physicians and her ordinary medical attendant neuralgic), accompanied by functional derangement of the heart. Tonics—quinine and citrate of iron—were prescribed. She suffers habitually from cold feet and hands; the hands are especially cold. Has been much troubled, almost continually, with aching and weakness of the lower part of the back ever since she was eighteen years old, when she first began to menstruate; but suffers in this way most intensely during the menstrual period. The menses have always been deficient, lasting but one or two days. The bowels, formerly constipated, are now fairly regular; appetite habitually feeble; tongue clean; lungs healthy. I did not detect any tenderness when making pressure along the vertebral spines; but am told that when she consulted another physician some time ago, "he discovered a spot between the scapulæ, which was decidedly tender to the touch." She has been sick during her pregnancy pretty regularly for four months, and still feels squeamish at times.

I ordered her to use the three-celled spine-bag, of a length sufficient to extend from the base of the skull to the third or fourth lumbar vertebra; to fill the two upper cells with ice, and to apply the bag during thirty minutes three times a day; if she should feel sick, or have backache, to fill the lower cell of the bag also; and to take bromide of ammonium, five grains; tincture of calumba, half a fluid drachm; distilled water, one ounce: twice a day.

Sept. 5th.—The patient has complied with my directions. She had a "fainting-fit" on August 31st, but did not lose her consciousness. The fit lasted about forty-five minutes, the pulse beating 70 per minute, her husband says, meanwhile. She could neither speak nor open her eyes; the face was markedly pale. She was not, however, so "very cold" as during former attacks; nor did she shiver when recovering, as she has usually done. While applying the ice, she finds that her feet and hands become notably warmer, and that in the intervals they are decidedly warmer than before. Has had spasms in the hypogastric region before and since using the ice. Before using it had not had headache, *with a sense of fulness*; since using it, has had this feeling, with flushing of the face daily—induced, she is sure, by the ice. Says her appetite, which has always been feeble, is not improved. Bowels regular; tongue clean; pulse 112. To enclose the ice-bag in flannel; to apply it along the whole back forty-five minutes three times a day; to put additional flannel between the bag and the cervico-dorsal region if headache with flushing of the face continues; to remove the bag at once if any unpleasant feelings are experienced in the uterine region; and to take five grains of citrate of iron and quinine in one ounce of infusion of calumba twice a day.

14th.—Her husband reports that she has had no further attack, and no more headache with a sense of fulness and flushing of the face; but has had a feeling as if threatened with diarrhœa. Is decidedly better on the whole, has better spirits, and has been quite free from those fits of mental depression which formerly troubled her. To omit the ice from the lowest cell of the ice-bag, and in other respects to continue as before.

17th.—The patient reports herself decidedly better. Has had no headache, and feels no fulness of the head, except when the head is low. The feet and hands have become "very much warmer." Still suffers much from aching in the back—aching which extends to the hypogastric region. Appetite "about the same;" does not feel that she can eat meat; takes vegetables and fruits. Bowels regular till the last two days; pulse 128 (she has just dined). To apply the ice along the whole back each morning, then the second and third applications daily to the cervico-dorsal region only. To take ten minims of dilute nitro-hydrochloric acid and one grain of disulphate of quinine, in water, twice a day.

Dec. 5th.—Her husband called to say that his wife has never had another fit; that her spirits have continued good; that her extremities have kept warm; that her general health is greatly improved, and that on the 28th ultimo she was confined, and bore the labour extremely well. He remarked that whereas on the occasions of her four previous labours she was very much exhausted, this time "she was not so at all." This patient used ice during about six weeks.

Comments.—Most frequently when there is considerable, and and at the same time chronic, disturbance of the cerebral circulation, there is tenderness of some part of the spinal region. In such cases there is, I believe, more or less congestion of the collateral sympathetic ganglia as well as of the spinal cord. Although in this case I found no such tenderness, I felt assured that the dorsal nervous centres were in a hyperæmic state: independently of the defective cerebral circulation, the late commencement and imperfect fulfilment of the menstrual function; the long-continued aching and weakness of the lower part of the back; the general feeling of coldness; the positive suffering from coldness of the hands and feet, and the especial coldness of the surface of the body, accompanied with shivering, which characterized the fits, all indicated that the vaso-motor nerve-centres were in a condition approaching congestion. This condition was likely to be intensified by pregnancy, and in fact was so, as proved by the presence of sickness, which had continued during four months.

The ice was ordered first *chiefly* to the cervico-dorsal region, in the hope of remedying the principal evil complained of—viz., the "fainting-fits." The results are instructive: whereas before using the ice the patient had presented symptoms denoting a deficient supply of blood to the head, after using it during a few days she experienced "headache, with a sense of fulness" and flushing of the face; then, the lowermost cell of the bag, as well as the others, having been filled with ice, and the whole bag enclosed in flannel before it was applied,—additional flannel being put between the bag and the cervico-dorsal region,—the headache, sense of fulness, and flushing of the face ceased. It is not less instructive to observe how the imperfect circulation in the extremities was dependent on the same cause as that of the brain, and that by subduing the hyperæmia of the vaso-motor nervous centres, the peripheric anæmia, both in the brain and in the limbs, was simultaneously remedied.

I have reason to believe that in applying ice to the lower half of the spinal region of pregnant women there is danger of inducing abortion, and that, therefore, when using ice in such cases, the utmost judgment and care are needful. The "tolerance" of ice differs so greatly in different patients, and in the same patient at different times, that each case must be studied by itself. But it may be stated as a general rule, liable, however, to important exceptions, that when there are symptoms indicating the propriety of applying ice, it will be tolerated. For example, a pregnant woman suffering from sickness will be benefited by, and will bear the application of ice; but if she is not sick, and if there is no other evidence of hyperæmia in the dorsal nervous centres, ice applied to the lower part of the back will probably induce unpleasant symptoms. In the case already described, the lowest cell of the ice-bag was ordered to be used, in the first instance, only if the patient should feel sickness or headache; as it was *tolerable* at these times, and as the lower extremities were cold, it was ordered to be enclosed in flannel, and used along with the other cells three times a day. The feet continued to become warmer, but a feeling as if the patient were threatened with an attack of diarrhœa was experienced; the lowest cell of the bag was therefore ordered to be used only once daily—viz., each morning, and thus the object in view was achieved without inducing, meanwhile, any unfavourable symptom.

Somerset-street, Portman-square, Feb. 1865.

CONTRIBUTIONS TO THE PATHOLOGY & TREATMENT OF CERTAIN DISEASES OF THE HEART AND LUNGS.

BY A. T. H. WATERS, M.D.,
PHYSICIAN TO THE LIVERPOOL NORTHERN HOSPITAL.

III.—ON THE AUSCULTATORY SIGNS WHICH PRECEDE CREPITATION IN PNEUMONIA.

IT is very rarely that an opportunity is afforded us of making an examination of the chest in incipient pneumonia, and to this we must attribute the differences of opinion which have been expressed as to the earliest physical signs of the disease.

Most authors since the time of Laennec have regarded the crepitating râle as the first recognizable sign in pneumonic inflammation. Dr. Stokes has, however, asserted that an "intense puerility of respiration" precedes this phenomenon. "The physical signs of the first stage of pneumonia," he says, "are still to be determined with accuracy. Without possessing a sufficient number of observations to determine the point, I am led to the belief that an *intense puerility of respiration in the affected part* will be found to be the principal phenomenon. In cases in which inflammation was spreading upwards, I have often found that a puerile respiration preceded the crepitating râle for some hours; and that this was not a general but a partial condition was shown by its being much more intense in the vicinity of the disease than in the opposite lung. Indeed, in cases presenting great puerility of respiration with fever, we may often prognosticate the occurrence of the crepitating râle. Thus in a case in which the disease attacked both lungs as well as the pericardium, I observed this sudden appearance of intensely puerile respiration on three distinct occasions: in two it was followed by the crepitating râle and other signs of pneumonia, and in one it was removed by bleeding before the above signs had occurred."

I think objection might be fairly taken to Dr. Stokes's conclusion, founded on his observation, that a puerile respiration is heard in a pneumonic lung above the level of existing crepitation; for it might be said that near to the inflamed portion the lung would be doing greatly increased work, and thus we should expect to meet with a loudness in the respiratory murmur. Nor would such objection be fully met by his statement of the fact that the murmur was less puerile in the opposite lung than above the seat of crepitation. But the observation on which Dr. Stokes mainly depends in support of his view is the one he last refers to. In the case in question he met with the phenomenon on three distinct occasions, and in two of these unmistakable evidence of pneumonic inflammation followed.

To render the observation of this phenomenon, however, perfectly trustworthy, it must be made on a case, not where there is progressive inflammation, nor even where there are consecutive attacks of inflammation, but where, the lungs having been previously healthy, acute primary pneumonia comes on suddenly. Two such cases have recently occurred under my care, and have enabled me to confirm by observation the view which was originally advanced by Dr. Stokes.

CASE 1.—Patrick F——, a carter, was admitted into the Northern Hospital, under my care, on Aug. 8th, 1864. On the day of admission, at an early hour, he was out in a shower of rain, got very wet, and did not change his clothes afterwards. In the course of two or three hours he felt pains about the limbs, and had severe rigors.

When admitted into the hospital about midday, he was seen by the house-surgeon. He then complained of pain in the lower part of the left side of the chest. There were no febrile symptoms, and no abnormal physical signs about the chest.

On the following day, about noon, his condition was as follows:—The pulse was 120, and full; respirations 32; skin

very hot and dry; tongue coated with a white fur. The pain in the side had increased. There was no cough, but much dyspnœa. There was no deficient movement of the left side of the chest, and the percussion sound was natural. *At the lower and back part of the left lung a loud, harsh, peculiar respiratory murmur was audible.* No such sound could be heard elsewhere. The patient was ordered a grain of opium three times a day, with small doses of tartar emetic.

The next day the pain in the side had almost gone. The pulse was 104; the respirations were 28. The physical signs were as follows:—Deficient movement of the left side; dulness at the left base, with crepitating râle over nearly the lower half of the left lung. The crepitating râle, which was distinctly of pneumonic character, occupied, in fact, this day the seat of the harsh, loud respiration of the preceding day.

It is needless to follow the history of the case further. The crepitation was succeeded by bronchial breathing and all the symptoms of confirmed pneumonia. The patient made a satisfactory recovery, and was convalescent on the eighth day of the attack.

CASE 2.—A Frenchman was admitted into the Northern Hospital under my care, on Jan. 23rd of the present year. He complained of dyspnœa and pain in the chest. On examination, *a loud, harsh, respiratory murmur* was heard over the lower and back part of the left lung. The movements of the side were good, and there was no crepitation nor dulness. The breath-sounds over the opposite lung were normal. On the following day the physical signs were as follows: Slight dulness at the base of the left lung, and well-marked crepitation over about the lower half of the same lung. In fact, as in the preceding case, the puerile respiration of one day was replaced by the crepitating râle on the next. The patient subsequently had all the symptoms of confirmed pneumonia—dulness, bronchial breathing, and rust-coloured sputa. He is now (Feb. 1st) convalescent from the attack.

M. Grisolle, in the recent edition of his work on Pneumonia, referring to the alleged puerility of the respiration in the disease, says that he has never met with it as an initial symptom, or as a precursor of the crepitating râle. He has, however, he says, frequently called attention to another phenomenon which he has observed in some cases of the disease—viz., a weakness of the respiratory murmur. He has observed this, he says, on several occasions as a precursor of crepitation.

I have never met with the physical sign which M. Grisolle speaks of; but of the existence of a loud, rough, harsh respiratory murmur, in the cases I have referred to, as an initial symptom of pneumonic inflammation, there can be no doubt. And although I would refrain from asserting that in all cases of pneumonia this harsh respiration precedes the crepitating râle, yet I cannot but think that the state of the respiratory membrane, at the commencement of the affection,—a subject to which I shall refer in a future paper on the morbid anatomy of the disease,—is just that which would be likely to produce the phenomenon.

Liverpool, February, 1865.

Reviews and Notices of Books.

Medicines, their Uses and Mode of Administration. By J. MOORE NELIGAN, M.D. Sixth Edition. Edited by RAWDON MACNAMARA, M.R.I.A. &c. pp. 758. 1864.

A Manual of Materia Medica and Therapeutics. By J. FORBES ROYLE, M.D., F.R.S.; and FREDERICK W. HEADLAND, M.D., B.A., F.L.S. Fourth Edition. pp. 776. 1864.

Elements of Materia Medica. By Dr. WILLIAM FRAZER, Lecturer on Materia Medica to the Carmichael School of Medicine, &c. Second Edition. pp. 452. 1864.

Therapeutics and Materia Medica: a Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By ALFRED STILLÉ, M.D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania, &c. Second Edition. Two Volumes. pp. 1595. London: Trübner. 1864.

(SECOND NOTICE.)

NOT the least remarkable effect of the unsatisfactory principles on which the definition of stimulant action rests is the confusion which is occasioned as to the limits of certain important varieties of medicinal action other than those mentioned in our first notice, more especially those included under the titles of "Narcotic" and "Sedative." Here the mischievous preconception as to the nature of stimulation is aided by a special error, which is so important that we shall again employ the syllogistic form to express the common view:—

The action of all medicinal substances is the same *in kind* whatever the dose.

Small doses of certain substances are known to produce certain effects.

Therefore, Large doses of the same must produce similar effects in a higher degree.

The major proposition is not correct. With every one of the agents which have been called stimulant there is a line of dosage, more or less liable to fluctuation under particular circumstances, at which an entirely new set of phenomena begins to be developed by their action. Most commonly this new action consists in a paralysing influence, more or less extensive and profound, upon the nervous system; and it is this influence which really constitutes the peculiar feature of Narcosis in all its forms. It is really extraordinary that this circumstance should have been so persistently overlooked or denied; for the consequences of a separation, *toto cœlo*, between one set of drugs called "stimulant" and another called "narcotic" has been most confusing to the classifier and to the student. Looked at from the more rational point of view, numerous phenomena which have been wrongly attributed to stimulation are seen to be plainly caused by a directly paralysing influence. These facts could hardly have been appreciated previously to the introduction of improved modern knowledge as to the pathology of coma, delirium, convulsion, spasm, &c., and as to the clinical significance of rapid circulation; but they are plainly to be perceived now, and we think it a serious omission in the works under notice that these points have been entirely neglected. The so-called Sedative class of medicines ought also to have been abolished, or altogether reconstituted in the light of modern clinical experience; the fact being that nearly every case of legitimate medicinal "sedation" is an instance of special stimulation, and that the small remainder are instances of a particular kind of narcosis.

It is impossible here to enter into the arguments for the changes now advocated; but we can give our readers some notion of the inconveniences entailed by the system of maintaining four separate classes of agents, which are definitely ranked as stimulants, narcotics, sedatives, or antispasmodics. This may be effectively done by observing the description of some well-known and important remedies in the pages of different writers; and we shall select for this purpose, alcohol, chloroform, and sulphuric ether. Whatever the therapeutists may choose to believe about these substances, there can be no doubt in the mind of the practical physiologist that they are closely allied in their action on the human organism; that the resemblances between them are fundamental, the differences limited and special. All of them are in minute quantities restorative, in large doses paralysing, and paralysing very nearly in the same manner; and the differences which are observed between them as to permanence of effect arise from the circumstance that ether and chloroform cannot long be retained in the organism. If now we turn to the pages of our therapeutists, we find that they agree only in the one point of acknowledging alcohol to be a stimulant; while, even with regard to this substance, they are guilty of ignoring the whole train of narcotic actions induced by large doses of it, or rather of applying to them the unphilosophical explanation that they are the effects of excessive stimulation. But when we seek their guidance to a knowledge of the properties of ether and of chloroform, we become still more hopelessly confused. Chloroform is by Dr. Neligan placed in the class of sedatives—that is, of calming remedies which have no exciting action, although this substance clearly is as capable of causing strong dynamic manifestations as alcohol itself, or as sulphuric ether, both which

are stimulants according to Dr. Neligan. Drs. Royle and Headland and Dr. Frazer are obliged to allow that, in the doses which are usually given internally, chloroform and ether are stimulants; while Dr. Stillé relegates them both to that refuge for the destitute—the class of "antispasmodics." The classification employed by the latter author is superior to those made use of by the majority of writers, inasmuch as he reckons both narcotics and antispasmodics as varieties of the stimulant family; but there is something diametrically opposed to our notions of rational arrangement in separating alcohol, as a "general stimulant," from narcotics and antispasmodics, which are classified as "cerebro-spinal stimulants." Assuredly there is no more decided narcotic than alcohol when given in large or intoxicating doses, no more powerful antispasmodic than the same substance administered in moderate quantities. The practice of creating a special class of antispasmodics is, in our view, a particularly objectionable one, as it tends to conceal the fact that the agents ranked in that class can only *directly* relieve spasm (when used in legitimate doses) in virtue of their stimulant action, and that, like all other stimulants, they have a totally different and poisonous effect when given in excessive quantities.

It is time for us to draw our remarks to a close, but we desire to express the conviction, which has been strongly impressed on our minds by the perusal of the able works which stand at the head of this review, that in seeking to determine the true action of medicines, therapeutists have been, and are, most seriously hampered by two evil habits of thought. The first is the practice of endowing mere descriptive phrases with an abstract significance, which comes to have a most injurious influence on the progress of inquiry. It is a real mischief, for instance, to erect into a class by themselves any selection of medicines which may have been found to produce sleep in a considerable number of cases of insomnia, for by such means there is generated the idea of a veritable "virtus dormitiva," such as the well-known satiric lines declared to be the only explanation of the *modus operandi* of opium which the physicians could give. And this consideration leads us naturally to the second great error which, we submit, infests our speculations in therapeutics—the error, namely, of inferring the *medicinal* actions of a drug from the *most violent and striking symptoms* which the agent has been ever noticed to produce. The instance of opium is a notable one in this connexion; for undoubtedly the common ideas of the therapeutic virtues of this substance proceed on the view that the results to be hoped for from its moderate use are a kind of diminished copy of its poisonous effects. Because opium in toxic doses produces *coma*, and has been said to produce congestion of the brain, therefore its medicinal use must be directed to producing *sleep*, with as little congestion of the brain as possible, and we must be careful not to administer it at all where we suspect congestion of the brain already to exist, or to be threatened. A still more striking example, if possible, is to be found in the common notions as to the medicinal action of strychnia: the majority of practitioners, believing that the inherent virtue of strychnia is represented in an extravagant and mischievous form by its action in producing tetanic convulsion, imagine that the true therapeutic use of this agent must be to produce "excitement" similar in kind, but less in degree, than that which gives rise to such fearful symptoms; and hence we see it commonly mentioned as a decisive proof that strychnia had failed to produce amelioration in a particular case, that "the remedy was pushed to the limits of safety to life without producing any benefit." But those who are most intimately acquainted with the action of this remedy are aware that the very contrary practice is that which we should employ; that the beneficial effects of strychnia are producible, if at all, by doses which fail to produce even the slightest shade of the disturbance which is characteristic of its poisonous action, and that the production of any such disturbance is an unmixed mischief, even when it involves no serious danger. It is the old story; it is the very same error as was wont in past times to mix itself in the discussions on the nature of disease, and which gave rise, amongst other things, to an abstract idea of "sthenic" inflammation, which was in fact a pure and simple invention of physicians who had been deeply impressed with the violence of certain symptoms of acute disease.

If we may venture to point the moral—to suggest some practical outcome from the suggestions which we have put forward—it is this: Reform must come to therapeutics from the same quarter as that from which it has come to physiology and pathology. We have ceased to regard diseases as something foreign to the organism; we look upon them as mere modifications of the ordinary forces of life. Might it not be well that we should forego the favourite dogma, which every therapeutist seems to have at his tongue's end, that the action of medicines is something so radically distinct from that of foods that it is impossible to argue with any benefit from the one kind of action to the other? It is true enough that the more violent effects of drugs are widely distinct from the ordinary physiological action of nutrient substances; but they are not more different from the latter than is the effect of an excessive ingestion of many genuine articles of food. In short, it is only when we shall have made ourselves thoroughly acquainted with all the *physical relations* of drugs to the human body that we shall handle them with confidence in the treatment of disease; meantime a metaphysical explanation of the virtues of rhubarb is to the full as silly as would be a discourse on the nutritive value of the transcendental idea of mutton-chops. In the surprising cures of even the most serious and violent chronic (i.e., not spontaneously terminating) diseases which often follow the adoption of an enlarged or improved diet, we have a series of positive facts which ought to exert a much greater influence on our minds than they do; and, on the other hand, there is an extraordinary mass of facts—some of which are already published, while others are, we hope and believe, about to be brought forward from an unmerited obscurity—which indicate that the human organism is far less rigid than some would have us believe as to its limitation of the class of substances which it will accept as true nutrients upon occasion. The whole dietary science of children's doctors, for instance, will have to be rewritten in the light of some of these facts; and, on the whole, we would earnestly request our readers to keep their minds unbiased—to forget as far as may be the formal divisions into "——ics" and "——ants" which have so often perplexed their minds when searching in text-books of materia medica for a practical and usable suggestion, and to think a little more vigorously than they are sometimes wont to do upon the remarkable connexions between food and physic.

Once more we heartily apologise to the authors whom we have presumed to review, and for whom no one has a greater respect than ourselves. Our blame, such as it is, has not been directed at them, but at a system which is hoary, though not venerable, with age. Our praise and gratitude for the real work they have done are sincere. May they be the first to inaugurate the reform in therapeutics which we long to see!

PENETRATING WOUND OF THE ABDOMEN AND OF THE PROTRUDED INTESTINE; STITCHES; RECOVERY. — M. Bruch states, in the papers of the Medical Society of Algiers, that a man of thirty was stabbed in the right flank with a knife. The external wound was four inches in length, and several knuckles of intestine protruded. The latter presented four cuts, which allowed intestinal matters to escape, and a few smaller holes. M. Bruch applied the continued suture, pushing the serous membrane inwards; the threads were cut close to the wounds, and the bowel was returned. Six grains of extract of opium were given per diem, and on the fourth day a natural stool occurred. The patient was presented in full health to the Society 106 days after the infliction of the wound.

HOSPITAL HYGIENE.*

No. V.

V. ON THE PROPER MODE OF DISTRIBUTION IN HOSPITALS OF PATIENTS SUFFERING FROM DIFFERENT DISEASES.

UNDER this head many subjects of great interest might be discussed; such, for example, as the questions of special hospitals for children and puerperal women, and of separate hospitals or wards for syphilis, pyæmia, and erysipelas, or diseases of the eye and skin. The Report contains valuable information on all these points. For the present, however, we shall restrict ourselves to what appears to be by far the most important of these questions—viz., the proper mode of dealing with persons suffering from infectious fevers.

On this point there is still unfortunately a difference of opinion. There are many who believe that all persons suffering from infectious diseases ought to be isolated from patients suffering from other diseases, so as not to expose the latter to the slightest risk of infection; while, on the other hand, there are some who maintain that it is preferable to distribute infectious cases through the general wards of an hospital, on the supposition that the poison is in this way more diluted, and therefore less calculated to do harm. The reporters seem inclined to range themselves in the latter class. Their opinion is summed up in the following passages:—

"Our own impression, from what we have seen at the various hospitals visited, inclines us to believe that scattering the cases is the safest course, if the hospital be spacious, and the applications not too numerous; and in contrary circumstances that they should be placed in separate wards, the patients with typhus and scarlatina separated from each other, and of course from the rest of the patients." (p. 473.)

And again—

"On the whole question, then, raised by consideration of the sources of danger proceeding from the necessary aggregation of the sick in hospitals, and the means of avoiding such danger, we would reply that, as far as our study of existing hospitals has enabled us to judge, we believe that the danger proceeds from too close proximity of the sick to each other exclusively; and that if the beds be placed far enough apart, and the ward be properly ventilated, all diseases which occur in this climate, except small-pox, may be treated in the ordinary wards, provided the cases of fever be not too numerous." (p. 510.)

The reporters, then, are of opinion that it is "unjustifiable to expose patients in a general hospital to the risk of having cases of small-pox among them," but they do not see a like danger in the case of typhus and scarlet fever. We have been unable to discover in the Report any very cogent facts in favour of this opinion, which, moreover, appears to us to be somewhat at variance with a remark made in the special reports of individual hospitals. After describing Charing-cross Hospital as being "exceedingly clean, and well conducted, well ventilated, and well suited to hospital purposes," the reporters go on to state: "But it may be a question whether the plan of having all wards in one (here, perhaps, unavoidable), and having no well separated room for the reception of infectious and other dangerous cases, is not fraught with some degree of danger." In a foot-note, also, attention is called to an alarming outbreak of typhus in this hospital during the spring of last year, consequent on the admission of a single case. (p. 575.) Under the head of the Edinburgh Infirmary, also, we are told that an attempt made "some years since to treat fevers in the general wards, with the precaution of withdrawing contiguous beds, was abandoned in consequence of fever spreading in the wards:" (p. 693.)

The reporters appear to have been led to argue in favour of admitting infectious fevers into general wards by their praiseworthy desire that an hospital should meet every requirement of the people. Throughout the Report it is maintained that the reception of fever is "a necessary qualification for the due and efficient discharge of the duties of a general hospital," and that any rules which prohibit the admission of cases of contagious fever, and in effect exclude most other acute diseases from the benefit of hospital treatment, imply the dereliction of an hospital's most important functions. This view as to the duties which an hospital ought to fulfil we are disposed to uphold as strenuously as the reporters themselves, but we cannot see that the admission of infectious cases necessarily implies their admixture with patients suffering from diseases which are not infectious. The two things are totally distinct. We hold firmly the opinion that every hospital ought to be provided with the means of treating all forms of infectious disease—even small-pox, we think, ought not to be excluded; but we also hold that all such diseases ought to be treated in isolated wards, or, better still, in a detached building; and that it is most unjust to other patients to expose them to a risk of infection, which ample experience has proved to be far from slight. The grounds for this belief we purpose to lay before our readers in as brief a manner as possible. With regard to small-pox it is unnecessary to discuss the question, as by common consent it is excluded from the general wards of almost every hospital in the United Kingdom. Typhoid or enteric fever, on the other hand, which is almost the only form of continued fever met with in the rural districts of England, may, as is well known, be treated in the general wards of an hospital with impunity. The remarks which follow refer particularly to typhus fever and scarlatina.

1. The nurses and attendants on patients sick of typhus must, almost as a matter of necessity, take the disease sooner or later, provided they be not already protected by a previous attack. Science has not yet discovered any means for preventing their infection, and probably never will. Seeing, then, that such deplorable results cannot be prevented, it is surely our bounden duty, when a given number of typhus patients have to be treated, to expose as few nurses as possible to the risk of infection; and this desirable end is more likely to be attained by having one ward for typhus, than by admitting typhus into every one of the medical wards of an hospital. Although the facts have been kept comparatively quiet, yet if a list were made of all the sisters and nurses who have contracted or died of typhus in the general hospitals of London during the present epidemic, the result, we believe, would be perfectly appalling. If the typhus cases were restricted to one ward, or one set of wards, the nurses no doubt would not long escape infection; but if they passed through the attack safely they would be seasoned against any future attack. On the plan of isolation, the number of nurses whom it would be necessary to subject to the ordeal of seasoning would be much smaller than on the plan of scattering. In the latter plan also the practical advantage derived by the community from their seasoning would be small, as the number of typhus patients who would afterwards come under their care would be few in comparison to what it would be on the plan of isolation. Moreover, it is well known that nothing influences the rate of mortality of typhus to a greater extent than age. Under twenty years the mortality is less than five per cent.; after this it increases progressively, until above fifty years it rises to more than fifty per cent. Now, on the plan of isolation, it would always be possible to select young nurses for the typhus wards; but, on the plan of scattering, old and young must be equally exposed, and the services of the most experienced sisters and nurses must often be for ever lost.

2. On the plan of scattering, typhus is apt to spread among the other patients; on the plan of isolation, this is next to impossible. It requires but a slight acquaintance with the history of typhus to know how very commonly the admission of one or two patients into a general ward has caused the dis-

* Report by Dr. John Syer Bristowe and Mr. Timothy Holmes on the Hospitals of the United Kingdom, contained in the Sixth Report of the Medical Officer of the Privy Council. London, 1864.

ease to spread. To go no further back than the present epidemic in the metropolis, we believe that there is scarcely a single general hospital in London, into which typhus has been admitted, where the disease has not spread amongst the patients, in several cases to an alarming extent. We are sure that we are within the mark in saying that during the last three years 150 patients have contracted typhus in the general hospitals of London. It seems to us idle to assert that the spread of the disease in these cases has been due to want of proper ventilation, or to improperly close personal intercourse with the sick; and that by proper precautions it might have been prevented. This explanation has been urged by the upholders of the plan of scattering for twenty years or more; but a knowledge of the remedy has had no effect in curing the evil. Make what rules we will, it is impossible in practice to prevent improper intercourse between convalescent patients and the sick; and with regard to ventilation, although we are far from denying its power in preventing the spread of typhus, nurses, even the best of them, will shut windows when they ought to be open. Human carelessness can never be ignored in forecasting the probabilities of the spread of fevers in a general ward; and surely valuable lives ought not to hang upon the absolute perfection of hospital nurses, when a simple remedy is in our power. That remedy is to treat the cases of infectious fever in separate wards. In proof of the efficacy of the remedy we may mention one fact which we notice in the Report for 1862 of the London Fever Hospital, where the plan of isolation is followed. In the year 1862 there were admitted into the hospital 1827 cases of typhus, 182 of scarlatina, and 365 cases of diseases which were not infectious. Not one of the 365 patients contracted either typhus or scarlet fever in the hospital. With the evidence before us, we cannot but regard it as a most unjustifiable practice to admit patients suffering from some trifling disease, such as quinsy, rheumatism, or dyspepsia, into the wards of a general hospital, and to make them run the risk of catching typhus or scarlatina, and of thus losing their lives. A little reflection must lead to the conclusion that this is misdirected charity.

In connexion with the above remarks, it may be mentioned that Dr. Murchison has compared the results of the treatment of typhus in the London Fever Hospital during the first six months of 1861 with those of six of the general hospitals of the metropolis during the same period. The six hospitals were St. Mary's, St. Bartholomew's, St. Thomas's, Guy's, Middlesex, and the German Hospital; and the results were as follows. The 1080 cases admitted into the Fever Hospital communicated the disease to 27 persons, of whom 8 died. In other words, only 1 person took the fever for every 40 admitted, and only 1 died for every 135. But the 272 cases admitted into the six general hospitals communicated the disease to 71 persons, of whom 21 died; or 1 person caught the fever for every 3·8 cases admitted, and 1 life was lost for every 12·9 cases admitted.

The reporters think that it is impossible to say what credit is due to the above statement, "since the fact that 71 cases of typhus commenced in persons who were inmates of these hospitals during the period in question might be susceptible of other explanations than that they caught fever from the patients." (p. 472.) What these explanations are we are not told; but only two can suggest themselves to us—either that the poison originated in the hospital, or that it was conveyed from outside. The latter seems hinted at in another part of the Report (p. 542), where, in accounting for the outbreaks in two of the hospitals, it is stated that both "occurred during the prevalence in London of a very severe typhus epidemic." But these explanations do not appear to us to be valid in face of the fact that typhus had not been known in any of the six hospitals for months or years before the outbreaks in question, and that these outbreaks did not occur until after the admission of cases into the hospitals; while it is surely more probable that the poison was derived from patients in the hospital than from persons outside.

3. Provided there be ample space and good ventilation, the rate of mortality from typhus is not greater in a fever hospital or in fever wards than in the ordinary medical wards of a general hospital. This appears to us to be satisfactorily shown by Dr. Murchison's statistics. During the six months above mentioned, the rate of mortality from typhus in the Fever Hospital was 20·95 per cent., and in the six general hospitals 23·32; a result the more extraordinary considering the aged and infirm class of patients admitted into the Fever Hospital. It is to be regretted that Dr. Murchison does not draw a distinction between the mortality of patients admitted with typhus and that of persons seized with typhus in the hospital. It must be remembered that the rate of mortality in the general hospitals is increased by the fact that many of the patients who contract typhus in the hospital are already suffering from serious organic diseases, which add greatly to the danger of the typhus attack; but this very circumstance is itself a most powerful argument against exposing such persons to the risk of typhus.

4. The efficacy of thorough ventilation in impeding the spread of typhus is undoubted, but experience teaches that no hospital has yet been constructed in which typhus has not occasionally spread after its introduction into the general wards. A very powerful objection also to the practice of scattering typhus patients through general wards lies in the fact that the amount of ventilation which is necessary for the successful treatment of the typhus patients would be positively fatal to many of the patients treated in ordinary medical wards; for example, to patients suffering from acute nephritis, rheumatism, bronchitis, and pneumonia. The admission of typhus patients into a general ward exposes the other patients to imminent danger, not only of contracting a most mortal disease, but of having their original maladies aggravated by the necessary ventilation. Mr. Simon appears to have felt this difficulty when he wrote as follows:—

"But meanwhile, (without pretending to dogmatize on a subject which I practically know to involve a great variety of considerations,) I would express a doubt whether, with our present appliances, the real minimum of the difficulty can be attained unless, in the warding of patients, cases be classified, as far as possible, on the basis of their respective requirements of ventilation and powers of tolerating cool air." (p. 68.)

5. With regard to scarlet fever our experience differs from that of the reporters. We have known many instances in which it has spread in the wards of general hospitals. The whole history of the disease also shows that ventilation has little or no power in preventing its spread. The poison of scarlatina propagates itself by fomites rather than through the atmosphere, and the disease ought, in our opinion, to be excluded from general wards as rigidly as small-pox. Space, however, will not permit us to enlarge further on this point.

In concluding our remarks on this head we have only to repeat that, while fully agreeing with the reporters that every hospital which excludes infectious diseases fails in one of its most important duties, we are firmly convinced that the plan of interspersing such patients through the ordinary wards is a crime against humanity which cannot be permitted long to continue.

VI. IMPORTANCE OF ACCURATE HOSPITAL RECORDS ON A UNIFORM PLAN.

We are pleased to observe that Mr. Simon strongly urges the great public importance of accurate hospital statistics. If hospitals claim to be exempt from taxation on the ground that they render services for which otherwise the community must be taxed, the community may surely require to be satisfied by precise information as to the value of the service which is rendered.

"No school of medicine," says Mr. Simon, "deserves its

name unless it be the scene of constant labour for improvement in professional science, and scientific medicine cannot be supposed to rest its belief on vague oral traditions of experience."

The records of different hospitals also ought to be kept on a uniform plan, so as to admit of comparison with one another, and for this object it is very desirable that some of our leading physicians and surgeons should confer together as to the tabular forms which in their judgment would best serve to record all useful information. It is obvious that in all such reports every instance of the origin of traumatic infections or of infectious fever ought to be accurately noted, and that if a patient die of typhus or erysipelas contracted in the hospital, he ought not to be entered as dying of the disease for which he was originally admitted, as is occasionally done. Fallacious statistics of this sort are worse than useless.

In concluding these remarks on Hospital Hygiene we are bound to express the high gratification we have experienced in perusing Dr. Bristowe and Mr. Holmes's able and elaborate Report. The medical profession and the public are deeply indebted for the large amount of valuable information they have collected. As already stated, their Report will be for many years a standard work of reference on hospital arrangements.

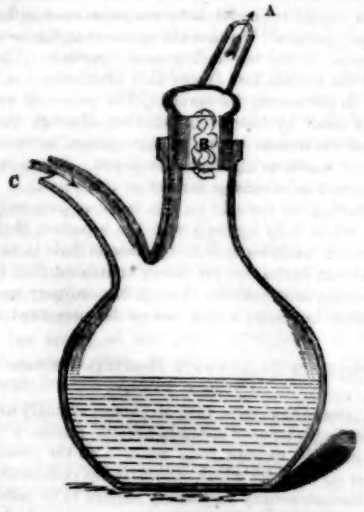
New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

DR. NELSON'S IMPROVED EARTHENWARE INHALER.

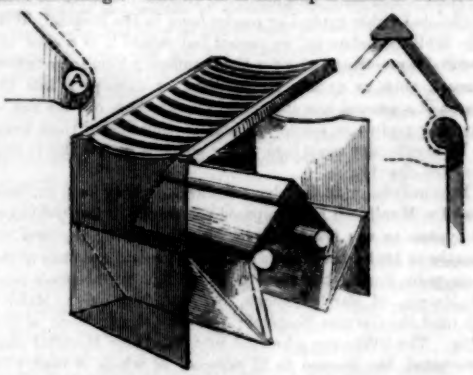
The utility of topical medication of the air-passages by the inhalation of the vapour of water impregnated with various substances is extensively recognised by the profession. The absence of any simple and efficient apparatus for the purpose is often the only reason why the great relief which such applications are capable of affording is withheld from the patient. Medical men will find in the little inhaler of Dr. Nelson, made by S. Maw and Son, a very handy, cheap, simple, and effective apparatus. It answers very well all the purposes for which it is intended, and no hospital or infirmary ought to be without it. Its construction will be seen from the annexed woodcut. The



directions for its use are as follows:—"Remove the corked stopper, and fill the vessel half full of hot water; then pour the remedy to be employed upon the sponge contained in the hollow tube at B; and, having replaced the latter, inhale the vapour through the mouth-piece at A, the exhaled breath passing freely through the tube at C. For the inhalation of the vapour of hot water only, or the infusion of stramonium, hops, or other medicinal plants, the sponge in the tube need not be displaced." We recommend it for general adoption.

A NEW STINK-TRAP.

An efficient and easily accessible stink-trap for drains is a desideratum. This Dr. S. Cartwright Reed proposes to supply by an exceedingly ingenious invention. Hitherto it has been the custom to fix the traps in use at some distance down the train. This practice has the serious disadvantages of leaving a large portion of the train untrapped, and of placing the trap out of the way of immediate or ready reach. Dr. Reed proposes to place a trap of peculiar construction close beneath the grating. The arrangement he suggests is shown in the accompanying drawing, and is as follows:—Beneath the grating is placed an oblong chamber. A septum, shaped like a ridge-tile, traverses the box from side to side within. Beneath the septum are suspended two movable flaps, the outer extremities of which rest against two inclined planes, which spring from the extremities of the box. The flaps, while readily permitting the passage of matters into the drain below, prevent the ascent of currents of foul air from the drain upwards. They move on a socket of the simplest character (A), and can be removed or replaced, in case of accident, without any trouble. In order to obtain easy access to them, the grating is made to move on a hinge. The whole of the trap is made of cast-iron.



Dr. Reed's trap provides in a very ingenious manner for the difficulties which require to be obviated in the arrangement of drains. He also advocates the ventilation of main-drains by means of cowled or hooded flues extending above the houses.

SCRIVENERS' PALSY.

To the Editor of The Lancet.

Sir,—In Mr. Solly's able lectures on Scriveners' Palsy, which appeared in your journal, reference has been repeatedly made to Professor Virchow's views of this affection. Allow me to state that Virchow has never written on scriveners' palsy, but that the article to which Mr. Solly alludes, and which appears in the "Handbook of Pathology and Therapeutics" edited by Virchow, is from the pen of Professor Hasse, of Göttingen.

I am, Sir, your obedient servant,

Bryanstone-street, Portman-square, Feb. 1865. J. Althaus, M.D.

Quadruplets.—The wife of a poor dealer in cakes, at Mostaganem (Algeria), was delivered, on the 3rd of December, of four children—two girls and two boys. The former died soon after birth; but the two boys remain in good health. —*L'Union Médicale.*

THE LANCET.

LONDON: SATURDAY, FEBRUARY 11, 1865.

IN THE LANCET of January 28th last, our readers will have read and been interested in reading a series of cases of typhus fever with remarks thereupon, by Dr. WILKS, of Guy's Hospital. The remarkable feature in the treatment of these cases was a negative one—the absence of stimulants. We take credit to ourselves for having brought before the profession from time to time the therapeutical fashion of stimulation which has been so prevalent of late years, and for having suggested doubts as to whether it was a fashion based on grounds which would bear scrutiny.

There are few things more remarkable in the recent history of medicine than the extent to which alcohol has been introduced, and the importance which has been attached to it in the treatment of disease. Coincidently with a greatly reduced use of it in society has occurred a greatly increased use of it in medicine. Judging from the London practice of the last few years, a cursory and casual observer might think that alcohol was a remedy of specific power, the triumphant introduction of which was to make Dr. TODD as famous as vaccination made JENNER, or chloroform SIMPSON. This use of alcohol has coincided pretty closely with the prevalence of a theory of disease which is enticing from its very simplicity. All disease, according to this theory, is a form of debility. A semi-solid exudation in the tissue of the lung, a layer of lymph on the interior of the pericardium, quick pulses and slow ones, are so many different forms of this universal disease of weakness. All semblance of strength in disease is a mere deception; a burning skin, a bounding pulse, are only weakness in a disguised form. Of course weakness is a somewhat vague thing, defying the definition of the physiologist and the analysis of the chemist; but it is a popular term which every man is unthinkingly apt to think that he understands. This is a great recommendation of a theory—that it be short and comprehensive, and have an easy look; and therefore it has had an extensive reception accorded to it at the hands of busy men who have not much time to spend over the choice of their theories. The only thing more remarkable than the extensive reception of this one notion of disease is the extensive spread of a belief that alcohol in some form or other is the panacea for it. We are not questioning just now the soundness of this discovery. We are simply pointing out that alcohol, as a matter of fact, has become, or let us say had become, under this double theory more important in the weaponry of medicine than almost any other remedy, though there is not a tittle of evidence that it can "antagonize" any one disease in the sense in which quinine antagonizes ague, or mercury syphilis, or (may we say?) alkalies rheumatic fever. We have always had misgivings as to the soundness of this double theory. One great discovery has been made of late years—that there is a method in diseased processes; that there is a good "nisus" in the worst of them; that when disease overtakes the body, it finds the body not unprepared to meet it, and make the best of it, but with many provisions for conducting it to a kindly and harmless issue; and that the height of medical wisdom is to recognise these provisions, to place the body in the best natural circumstances, and gently assist all the natural processes of cure. Old medicine erred in treating disease and nature too roughly. This new treatment by alcohol, pushed as it was a few years ago, was scarcely less "perturbing" than the old one. Thirty-six ounces of brandy in twenty-four hours to a girl fourteen years old, with fever and a diseased heart, was apt to be a disease of itself, and was surely calculated to give more work than help to the heart and the excreting organs, to say nothing of the brain, on the efficiency of which we know recovery from disease so much depends. Accordingly we are not surprised to learn of the failure of this plan. It is excusable only as a wild and random rebound from an opposite error, and we should despair of medical philosophy altogether if we did not receive intimation from time to time that the days of this fashion are numbered, and that a more moderate, a more physiological method of treating disease is destined to replace this.

Dr. GAIRDNER did good service, in the course of last year, in publishing in THE LANCET a paper on the treatment of Typhus on a plan according to which the majority of the patients (as many as nine-tenths) got no stimulants at all. We are not unmindful that exception has very recently been taken to this paper by another respected contributor to this journal, and this in our own columns. Dr. HENRY KENNEDY, of Dublin, after waiting nine months, and finding that no physician challenged the views advanced by Dr. GAIRDNER, has done so in an able, if not also a somewhat warm, communication, which will be found in THE LANCET of Jan. 7th. We apprehend that the simple explanation of Dr. GAIRDNER'S views going so long unchallenged is, that they commended themselves to the profession as being neither unreasonable in themselves nor unsupported by the facts and figures adduced by Dr. GAIRDNER. We cannot entirely agree with Dr. KENNEDY in his sweeping objection to the application of statistics to medical questions. There is room for the application of statistics in medicine. The efficacy of ventilation in hospitals, of lemon-juice in scurvy, of vaccination in preventing small-pox, are great facts which admit of statistical statement, and the statistical statement of them is widening every year the extent of human belief in them, and the application of them. And we fancy that, if the introduction of large quantities of alcohol into the treatment of disease were the boon which the late Dr. TODD thought it to be, the fact would admit at this time of far less statistical disproof than is accumulating against it. There is really in matters of detail very little serious difference between Dr. KENNEDY and Dr. GAIRDNER. They both say that there are many cases of fever which require no alcohol; whereas Dr. TODD'S administration of it was well-nigh universal. They both say that death from fever in young persons is exceedingly rare: Dr. KENNEDY is not sure that he ever saw one. And yet Dr. TODD found reason to give twenty or thirty ounces of brandy a day to young patients. Dr. KENNEDY objects to Dr. GAIRDNER dividing the ounces of stimulant by the number of the patients; but Dr. GAIRDNER pointed out distinctly that this was no indication of the amount actually given to each patient, for, whereas most patients got actually no stimulant, those who got any generally got considerable quantities. Dr. KENNEDY objects, almost with feeling, to any

disapproving allusion to Dr. TODD'S practice on the principle *de mortuis nil nisi bonum;* but surely it is a stretch of this rule to ask us to concede infallibility to the dead, and respecting the dead at the expense of the living, to allow any such principle to interfere with the settlement of an urgent medical question. Dr. KENNEDY objects to Dr. GAIRDNER'S figures as conveying no detailed information; and so far reasonably enough. The figures are valuable as the calculations of an observer known to be reliable, and who repeatedly says that he bases his opinions not only upon figures, but details which it is impossible to represent in figures. Dr. KENNEDY objects, lastly, to Dr. GAIRDNER'S comparing the results of his own practice with that of others in other places, asking, "Is Dr. GAIRDNER sure of the identity of the disease? Is he certain that disease is the same in London as in Edinburgh or in Glasgow?" Well, Glasgow has no great sanitary reputation; so that, *à priori*, any difference between it and other places might, without violence, have been presumed to be against it. But we are in possession of evidence of a still more satisfactory per-centage of recoveries in cases of fever than that of Dr. GAIRDNER, and this happens to be in the case of a London hospital and a London physician. Dr. CHAMBERS has published various lectures on fever, and gives a table of 121 cases, of which only 4, or 2½ per cent., died. And the administration of large quantities of stimulants is not a feature of Dr. CHAMBERS'S practice. He agrees with Dr. GAIRDNER in the essential point of supporting the patient, not by stimulants, but by nourishing food. Other leading physicians in London are acting upon the same principles. Dr. GULL was lately reported to be treating many cases of fever without alcohol; and Dr. WILKS'S remarks and cases above referred to well deserve the attention of the profession.

As a very general rule, admitting of but few exceptions, medical subjects should be discussed in medical journals, and not be brought before the public in vehicles of a literary, political, or amusing character. "Paterfamilias" may communicate to the newspapers his pseudo-medical rigmaroles about dirt, diet, and ventilation; but his medical attendant should write what he has to say about them in a shape befitting their circulation through more scientific channels. Of nothing are we more suspicious than of the moving principle which guides certain professional men to write letters to the daily journals, with name, title, and address appended, on the outbreak of any epidemic. If they have matters of professional import to communicate, such are for their brethren, and not for the public; and there are more suitable sources of communication open to them than those they have chosen. If they have something really important that the public itself should at once be made acquainted with, then let the information be given without the name &c. being appended. In nine cases out of ten, however, there can be no doubt that it will be found that the voluntary medical correspondents of the morning newspapers are not of the *crême de la crême* of medical society. Occasionally a man of known standing and repute is somehow or other forced into a letter to *The Times;* but the reason is then so clear why we see him there that we do not attach to him for a moment an improper motive. On the contrary, it often happens in such cases that he is *malgre lui* where we see him. Still there are certain questions connected with medicine with which the public is so intimately associated in its corporate social capacity, and on the proper understanding of which by the public the profession is so dependent for their proper reduction to practice, that it is more than legitimate, it is absolutely necessary, that the medical writer should seek the eye of the world at large in pages not the property of a profession or a class. Did he not do this, he would fail to hit the mark he aims at, and which mark, be it observed, is not his own personal vanity, pocket, or aggrandizement, but arousing the people to the necessity of attending to their own welfare. Such questions as these are, of course, beyond the pale of ordinary practical or clinical medicine. With this the public has nothing to do; we and others like unto us sit in judgment thereon. They relate, on the contrary, to certain great matters of public hygiene or State medicine; matters through which there is slowly growing up a close relation between the profession of medicine and the commonwealth, but the probable results of which, nevertheless, few persons take pains to track out.

Such thoughts as the above came across our mind as we read through some dozen pages in the recent number of a well-known magazine.* The writer of them introduces the public to an admirable account of what ought to be "the domestic management of the nation by the Government." He shows that since JENNER'S time the dullest onlooker may perceive the vast practical benefits which medical science can render to the State; and maintains that the consciousness of this fact has given us as a body a seriousness and dignity, and at the same time a scientific modesty, which indicate real advance, it may be hoped, on the capabilities of former days. In order, however, that this particular relation between the profession of Medicine and the State be more safely preserved, and that the public be made the recipient of all the benefits which can accrue to it if it will but use the profession rightly and to its true account, it is necessary that the public itself be made to feel and to know the exact nature of the social troubles which thus require remedy: these are the diseases of the body corporate—not the ailments of the individual system—with which the people at large require some acquaintance. These Dr. ANSTIE has most successfully exposed, and has helped to make known, to a far larger and more requisite circle of readers than could have been found in the purely professional pale, such a pressing call for a particular line of action as to lead us to regard the endeavours of the writer as one of the most satisfactory examples which we have for some time met with of the tuition of the public on medical matters through the medium of a purely literary journal.

The main intention of the writer would appear to be to open the eyes of the public to the necessity which exists for forcing the Government to organize a department of State medicine, the officers of which should give evidence not only of a sound general knowledge of medicine, but also of a particular acquaintance with certain special duties to which their attention should be thenceforth confined. He seeks to show, in support of the propriety of such a demand, first, that the present administration of State medicine is discreditable, and that it is possible to prove this with regard to the working of nearly every department in which the State requires scientific *opinion*, rather than practical scientific *action*, from medical

* Macmillan's Magazine for February, 1865. Art.: State Medicine, by Francis E. Anstie, M.D.

men; secondly, that the great evils which disfigure our present administration of State medicine are far too gigantic to be remedied by any unaided efforts on the part of the medical profession, but which might be removed in great measure if a helping hand were reached to us from without. In illustration of the existence of such grave scandal it is maintained, e.g., that from the action of the health officers, like those appointed in the various districts of the metropolis, none can pretend that adequate results are produced by the machinery employed; that the class of duties in connexion with the death registration in all of its departments is so carried on as to make such registration little short of a delusion; and that with regard to the manner in which medical evidence is taken on coroners' inquests, it is almost impossible to overstate the evils of the present system. Further, it is shown that the kind of scientific evidence sought for on criminal trials, and the manner in which it is given, damages truth as seriously as it does the respectability of medical testimony; and that "the present condition of things in this country with regard to the forensic aspect of lunacy is one which our posterity will look back upon with incredulous wonder and disgust." The remedy for these and analogous though minor evils the writer believes to be the institution of scientific commissioners as adjuncts to the ordinary apparatus of the courts, before whom, and not before a common jury, the strictly scientific questions shall be argued—the general question in respect to the legal charge being subsequently determined as at present.

THE report of Mr. FARNALL, and the consequent communication of the Poor-law Board to the Holborn Board of Guardians, accord with the opinions which we had expressed as to the legitimate practical conclusions deducible from the inquiry into the case of TIMOTHY DALY. "After the most careful consideration of the evidence, the Board feel justified in stating that, in their opinion, Mr. NORTON, the medical officer of the Holborn Workhouse, was not guilty of either neglecting or ill-treating TIMOTHY DALY while under his care as a patient in the infirmary of that workhouse." They comment, of course, upon the irregularity with which certain records were kept by Mr. NORTON. Dr. CARR'S report is ably and fairly drawn up. He says: "Excepting the omissions in the official book called the Workhouse Medical Relief Book, the whole of Mr. NORTON'S conduct in this case is in accordance with the accepted practice of the profession. The case was one of a very uncommon type, and marked from its earliest stage by feebleness. It was, however, met by support from stimulants and nutriment, corrective and sustaining medicines, and the application of all sanitary appliances. It is probable that if the conditions had been less favourable, DALY might, and most likely would, have succumbed to his serious illness long before he did. The profession of medicine regards bed-sores as an indication of feeble powers, whether depending on depression, or nervous, vascular, or general languor, or complicated with disease of blood. In some cases of illness, in spite of every human appliance, they cannot be prevented; and if the skin be once broken no appliance is available to heal it so long as the patient retains the recumbent position. These remarks apply with especial force to cases in which there is disease of the heart and lungs, as in DALY'S; or in conditions of general prostration of the vital powers, in which all power of reparation appears to be lost; or equally in cases in which the exhaustion appears to be disproportionately great to the existing disease; as also in DALY'S, as testified by Mr. LATHBURY and Mr. NORTON. 'In such cases,' remarks Professor ERICHSEN, of University College Hospital, 'no dressing which the surgeon can apply will cause these ulcers to heal, unless the patient's general health improve.'"*

We had pointed out that the moral which this case furnishes is one of general application. The medical officer of the union was hard-worked and under-paid. There were no paid nurses. Dr. CARR hits these two blots at once.

"On the subject of the medical officer, I would respectfully suggest, looking at the large amount of duty which he is expected to perform, that some change should be made in relation to him: 1st, That the drugs should be supplied by some respectable wholesale druggist, and paid for by the guardians; and, 2ndly, That his salary should be raised to £150 per annum. This additional expense would, I doubt not, be followed by real and positive good, alike to paupers and guardians. I would also suggest that two properly educated nurses should be appointed, and paid sufficient salaries to command a high-class character, who would raise the tone of feeling in the wards, and prove a source of health and comfort to all concerned, who would save life and spare the expenditure of the rates."

To all the guardians of the poor we say, *De te fabula.*

Medical Annotations.

"Ne quid nimis."

PROFESSIONAL CHARGES.

THE adjustment of professional fees is a matter of much delicacy, and one which cannot always be settled according to rigid Procrustean rules. Fees for operations, for example, differ according to the position of the patient, and sometimes also the eminence of the surgeon, or his own estimate of that eminence and of the value of his time and services. According to the well-devised formula of Mr. Syme (expressed in a letter which he addressed to us some time since on this subject), surgeons are accustomed to credit the liberality of the rich to the necessities of the poor. There are certain fixed canons, however, as to fees which by usage have the force of law amongst us. It is very necessary that it should be so. It is necessary that a patient, on applying to a surgeon or physician, should know what the fee will be which, under ordinary circumstances, he will be called upon to pay. This is fixed by universal consent at a guinea. In this respect, then, Mr. Tamplin had the irresistible force of general usage on his side, in prosecuting his claim for fees against the executors of a gentleman of the bar to recover the amount remaining due in respect of attendances upon his daughter.

The circumstances of this case, as reported, are that the young lady had laboured under the disease of "double lateral curvature of the spine," and in Nov. 1861 her father took her to the plaintiff, and placed her under his care in the hope of his effecting a cure. Mr. Cosens paid him the usual fee of a guinea, and nothing was then or at any time said as to fees. The plaintiff, however, intimated that his process of cure would probably take a considerable time—at least six months, if not longer. This was in November, 1861, and he continued to attend the lady until July, 1863, when her father died. The claim in the present action of course could not extend

* "Science and Art of Surgery," p. 300.

beyond that date, though in point of fact the plaintiff continued to attend her, and in the result succeeded in effecting a cure, so that she had perfectly recovered, and indeed had since married. The peculiar feature of the plaintiff's process consisted chiefly in the application of a species of mechanical pressure, by means of a machine which required almost daily nice and skilful adjustment. Hence he saw her daily, inspected the spine, and adjusted the instrument. The total number of visits came to 218, for which he charged at the rate of one guinea for each visit. And thus the amount of his claim up to the father's death came to the sum of £228 14s. The executors, however, conceived that the deceased gentleman, whose income it appeared was limited, could not have intended to pay so much, and they therefore only acknowledged the claim to the amount of £129 13s. The principle upon which this particular sum was calculated did not appear. The plaintiff, however, declined to be satisfied with it, and prosecuted his action for the residue—about £100.

Mr. Lush (Q.C.) and Mr. Needham appeared for the plaintiff; the Solicitor-General and Mr. H. T. Cole were for the defendants, the executors.

Mr. Travers and Mr. Holden gave evidence that the usual fee was a guinea a visit, and Mr. Tamplin himself positively stated that he never charged less, although in cases of poverty he would sometimes, out of charity, remit his fees and charge only for alternate visits. And although he was pressed as to whether it was usual to let the fees run on so long, he stated that it was not usual to ask for the fees so long as the case continued. In the result, the Solicitor-General said he did not think that after this evidence it would be becoming in him to keep the case up longer, and he therefore yielded to a verdict for the sum claimed. The Lord Chief Justice said he quite concurred in that course, which was such as might have been expected from the Solicitor-General. The case started with the payment of a fee of a guinea, and nothing had been said as to a reduction or abatement. In such a case, the medical attendant being a gentleman of eminence, it could not be doubted that the charge was as stated; and if there were any reason on account of the length of the case or the circumstances of the patient to ask some abatement, it was, he said, for the patient or the relatives to request it, and throw themselves upon the liberality of the medical man.

A verdict was then taken for the plaintiff for £99.

Mr. Tamplin was very fortunate in this case: fortunate in having witnesses so decided, a judge so favourable, and opposing counsel so generous. We have not much to say upon the matter, other than to express an opinion that the practice which Mr. Tamplin describes as being habitual with him is one open to great abuse, and apt to lead to total charges which may be pronounced exorbitant. The profession are pretty well acquainted with the secrets of spinal mechanisms. There is no mystery about them. Any instructed practitioner is capable of selecting and applying the various forms of instrument, and of effecting cures. The system of keeping the key of the instrument and *daily* adjusting and applying it at a fee of a guinea, is one which also explains itself. Where the patient is wealthy, it may be a satisfaction that the eye of the surgeon should be daily scrutinizing the spine, and on that plea such a system is, in particular cases, justifiable. But the assumption is that it is scientifically necessary; and that, during a twelvemonth, daily visits, daily adjustments, and applications of the key, are requisite. There are, however, hundreds of surgeons who treat curvatures of the spine with the most perfect success, and they do so without resorting to a proceeding so exorbitantly costly to the patient. No doubt the law was correctly interpreted and justly administered in this case. The defendants, having availed themselves of the services of a surgeon who thinks it necessary that patients wearing a spinal support should pay him a daily visit, and having enjoyed these quotidian attentions "without anything been said about the fee," it was just they should suffer the pecuniary consequences. But we protest against the doctrine that spinal curvatures are not to be treated under three hundred guineas per annum.

PURIFICATION OF THE PRESS.

IN addition to the journals already cited as excluding from their columns the advertisements of the quacks, we have great pleasure in recording the names of the following important papers:—The *York Herald*, the *Western Morning* and *Western Weekly News*, the *Hastings News*, the Aberdeen *Free Press*, the *Lancaster Observer*, the *Bray Gazette*, and the *Bucks Advertiser*, amongst the provincial journals; and the *Press*, *Bell's Weekly Messenger*, and the *Comet*, amongst the metropolitan press. We observe that the *Bray Gazette* now publishes weekly, with its notices and terms of advertising: "No quack advertisements inserted." The *Bucks Advertiser*, while stating that it has never admitted advertisements of this class, remarks: "On examining nearly every other paper published in this district a few weeks ago, we could discover but one honourable exception—the *Northampton Mercury*—to the prevalent practice." The *York Herald* has the following: "All objectionable medical advertisements will be rigorously excluded from this paper so soon as existing contracts have expired, and our readers will doubtless be glad to learn that in about a month all our engagements with this class of advertisers will be completed." The editor of the *Free Press* of Aberdeen, in forwarding a copy of his paper, which refuses insertion to quack announcements on any terms, and means to adhere to this rule, observes that he believes the increased influence and esteem which the paper has obtained from right-thinking persons has rewarded such refusal. The effort to keep public attention fixed upon the necessity for reforming this great abuse is one in which we ask the assistance of all the friends of public morality.

There is another nuisance of the kind, which will, we trust, claim the early attention of Parliament: the public indecency of so-called anatomical museums, which may easily be restrained by the registration of such institutions, and the certificate from a proper authority that they are fit for the purposes of instruction, and are so employed. All the anatomical museums attached to medical schools are so certified. And these public museums should be brought under supervision, either as places of instruction or as places of amusement; under the control of the Medical Council or of the Lord Chamberlain. At present they are uninspected haunts of obscenity, and so organized as to be the means of at once debasing and deceiving the uninstructed audiences whom they attract. We believe we may anticipate the aid of the whole of the general press in cleansing our streets from these foul shows; for it is a notable fact that even those journals which do not hesitate to defile their columns with the announcements of the worst and most disgusting quacks earnestly protest against the practices to which they give substantial assistance and encouragement; and the most "unclean" papers are far from being the last to denounce the men whose traps they set, for money. This anomaly cannot, we hope, long continue. The position now held by one or two morning papers in the metropolis especially (which will presently become known as the "quacks' journals") is altogether unworthy of their character and public duties. In the provinces, it will be the duty of all those who are interested in the completion of the work of purification now so well begun and so far advanced, to press continuously upon the proprietors of journals still polluted the urgency of joining in the salutary measure of exclusion. There is a wonderful tenacity in the silent doggedness of an interested opposition in such a matter as this. The medical profession can give great aid by locally eliciting public opinion, in order to purify the whole press. Those organs which have the matter at heart equally with ourselves

will be able to direct attention to the successive phases of the movement, until this source of pollution is removed from all the decent households of the country.

THE NEW SYDENHAM SOCIETY.

SOCIETIES established for the purpose of publishing valuable works at a somewhat reduced price, when their affairs are conducted with discretion, confer an obligation on the community. The New Sydenham Society started under most favourable auspices. Some of the works which it issued were of sterling value, others were below the average merit. This was reasonably to be expected, and therefore did not materially interfere with the prosperity of the institution. But if the balance between valuable and worthless productions tends to the preponderance of the latter scale, dissatisfaction will be the result. Has the new Society steered its course in such a manner as to save it from the shipwreck which befell the old Sydenham Society? Have the Council expended the large sums entrusted to their care with that judgment which which was expected of them? From the numerous complaints which we receive from subscribers friendly to it we cannot answer this question in the affirmative. A dissatisfaction with the works issued by the Council is growing in importance. This dissatisfaction is evidenced by the decrease of the annual subscriptions. The old Society succumbed to a vicious system of expenditure, in regard not only to its management, but to the sums paid for editing works of very doubtful value. A correspondent of position, and whose judgment is entitled to respect, comments with great severity upon the shortcomings of the late announcement made by the Society of the works to be issued for the present year. He admits that the volume on "Diseases of Accommodation of the Eye" is valuable to the dozen or twenty practitioners who make ophthalmology a special study, but he ventures to say "that it has not been read by half a dozen practitioners out of London." He admits that the "Year-book," though "infinitely improved when compared with that of the last two years, is untrustworthy for reference by those who are writing upon a special subject, whilst those who read it for mere ordinary information have already had the major part in the weekly medical periodicals." He criticizes with great severity the works of MM. Neubauer and Vogel as "valuable to the smallest section of the subscribers;" and he denounces the work of Casper as being of "a most outrageously indecent character." He admits the force of the excuse made by the Council for the decline of their finances occasioned by the civil war in America; but he asserts with equal force, that "the Society must depend upon its British subscribers for its success or failure." That these opinions are acknowledged to be correct we have abundant reasons for knowing. Wishing well to the Society, we give publicity to these complaints. The Council will do well to take these matters into their consideration.

MEDICAL DEVOTION.

WE have been greatly shocked to learn the mortality which has of late befallen the medical practitioners of Greenock, caused by a virulent epidemic of fever raging in that town. No less than four physicians, Drs. Maclosky, Paton, Conway, and Dowie, have fallen victims to this disease since November last. The terrible and painful information reaches us in connexion with the death of the last-named gentleman, Dr. James Dowie, who was little more than twenty-one years of age, the son of Dr. E. T. Dowie, of Greenock, and had just been appointed surgeon to a parochial district. The last day Dr. Dowie was out of the house he saw no less than twenty-eight cases of fever. He persisted in going about to the very last. With the premonitory symptoms upon him, and after taking a warm bath, he persisted, against the advice of his friends, in going out to see one of his fever cases because he had promised to do so. He seemed aware from the commencement—as often happens in bad fever cases, especially amongst medical men—of the severe nature of the attack, and remarked, as he was putting off his clothes, that "God only knew whether he would put them on again." He died on the sixteenth day of the disease, to the overwhelming grief of his family, of which he was the eldest son, and to the deep regret of a large circle of friends, to whom he was greatly endeared by the kindly heartiness of his nature.

This is dying at one's post, and we trust that the Greenock people will not let the four names we have mentioned be forgotten. It seems to us, too, that some immediate steps should be taken to stop this frightful mortality of medical men. The fever patients should be dispersed, and the duty of attending them devolved upon a larger number of medical men. We are informed that only nine medical practitioners are left in established practice at Greenock to attend a population of 70,000 people.

The death of four physicians in two months, all young, aged respectively thirty-five, thirty-two, twenty-seven, and twenty-one, is not more a great testimony to their heroic dutifulness than a great public calamity which should prompt immediate and special steps for so disposing of cases of fever as to reduce to the lowest degree the accumulation of fever poison and the risk of practitioners in attendance. There will never be wanting medical men to do duty of this kind and to go about it when they have the foreboding that they are themselves in the fatal grip of the disease. But that is no reason why a great town like Greenock should permit so much duty to devolve upon so few men; and we shall be impatient to learn that this exigency has engaged the attention of the sanitary authorities of the place. We think it simply killing that twenty-eight cases of fever should be the charge of one physician. All honour to the names of Drs. Maclosky, Paton, Conway, and Dowie.

MEDICAL EVIDENCE AT CORONERS' INQUESTS.

GREAT dissatisfaction has for some time past existed in the Eastern division of the county of Middlesex with respect to the medical evidence given at Coroners' inquests. Complaints have reached us from time to time on this subject, several of which have been published in this journal.

Under the provisions of the Medical Witnesses Act, the Coroner is empowered to select a qualified practitioner to make a post-mortem examination, and to give evidence as to the cause of death. It is usual for the Coroner to appoint the practitioner last in attendance upon the individual to perform these duties. If the deceased had not been seen during life, then the surgeon who was first called to view the dead body is usually chosen. There are, however, exceptions to this rule which will readily suggest themselves to the reader. When these occur, the medical witness should be selected with the greatest possible caution. If this care be not exercised, it is easy to foresee how great an amount of injury may be done. It is unnecessary to enlarge upon this point, or to refer to several instances which have occurred. It will be sufficient to illustrate the point by referring to the case detailed by Mr. Swyer at p. 162, and which gave rise to the meeting recorded in this number of THE LANCET. It would be indeed lamentable if a Coroner's inquest should be held in all cases in which craniotomy is performed. This is an operation requiring considerable skill and dexterity, and its performance is sometimes demanded to save the life of the mother. The practitioner who succeeds in this object, instead of being subjected to a judicial inquiry into his conduct, is entitled to the gratitude of his patient, and the commendation, not only of his profession, but of the public. But what a ground of complaint has he when a practitioner is appointed to give evidence on his conduct who is compelled to acknowledge that he "alto-

gether declined to give his opinion respecting the propriety of the operation, the question being altogether foreign to his practice"!

It is with feelings of deep regret that we bring before the profession the really painful facts detailed in the correspondence between Mr. Swyer and Mr. Gant. Mr. Gant is a gentleman of acknowledged ability as a surgeon. He has contributed largely to the literature of his profession; but, as he himself admits, obstetricy is a branch of practice he does not pursue. Were the facts not stated as they are in the correspondence alluded to, we should have hesitated even in supposing that any surgeon could have possibly mistaken the mutilation which necessarily followed the performance of craniotomy to have been the result of the simple application of the forceps. To what peril did such an opinion expose the reputation and character of Mr. Swyer.

THE VENTILATION OF ARMOUR-CLAD SHIPS.

A FEW weeks ago we had occasion to comment on an observation of the Secretary to the Admiralty, in respect to the ventilation of armour-clad ships-of-war. He told his constituents at Deal that if supernumeraries were sent on board these vessels, "the men would, from want of ventilation, speedily become utterly useless, and have to go into hospital." We expressed the opinion that this statement, with the context, cast much doubt upon the commonly-entertained opinion that a successful system of ventilation had been carried out on board the *Royal Oak* at the time of her construction or fitting out. We have not had to wait long for a confirmation of our doubt. Recent news from the Mediterranean, on which station the *Royal Oak* is at present placed, makes know the fact that it has been necessary to construct twenty-four scuttles for the ventilation of this ship's lower deck. A more striking confirmation of the hygienic defects of the *Royal Oak*, and of the imperfections of the method of ventilation originally adopted on board, cannot well be conceived. It would seem as if our conception of a whole ship's crew being possibly suffocated in their armour-clad receptacle is by no means so extravagant as at the first glance might have been supposed. Perhaps when some such horrible contingency has occurred, our naval architects may deign to give a little consideration to the healthful arrangements, as well as to the fighting and sailing properties, of a vessel during her construction.

FASHION AND PHILANTHROPY.

WITH a view to remedy the various evils connected with the present system adopted in the employment of dressmakers, an association has been established called "The London Dressmaking Company (limited)." Nearly eight hundred of the first thousand shares issued have been subscribed for. Convenient and spacious premises have been taken in Clifford-street; and measures will be immediately taken by a joint committee of ladies and gentlemen to determine whether overwork and ill-ventilation are to be the continued penalties of the poor dressmakers. Without venturing an opinion on the commercial view of the subject—which, however, promises to be good,—we hail with satisfaction this praiseworthy attempt to improve the condition of a meritorious and very ill treated class. One result of this movement, which does not appear to have been touched on by any of the speakers at a late meeting of the society, will no doubt be the initiation of a better system among the private firms of the metropolis. Remonstrances, exposures, and legislative enactments have hitherto accomplished little. We augur better success from the combined efforts of the members of the new institution. Whether the undertaking prove remunerative or not, if it succeed in enlisting in its cause a great number of persons of influence, it cannot fail to be instrumental in effecting great sanitary improvement.

A VOICE FROM MANCHESTER.

AT the annual general meeting of the Manchester Medico-Ethical Association, held on the 25th ult., Sir James Bardsley, M.D., president, in the chair, it was unanimously resolved,—

"That this Association has great pleasure in publicly expressing its thanks to the proprietors of the *Manchester Guardian* for having excluded licentious and immoral quack advertisements from a paper so influential and of such extensive circulation; also to the many other journals which have given up the somewhat lucrative but dishonourable practice. The Association begs to express its high sense of a proceeding which, though inseparable from an honourable press, has yet too few imitators.

"JONATHAN WILSON, F.R.C.S., }
JOHN THORBURN, M.D., } *Hon. Secs.*"

This resolution was inserted last week in each of the three Manchester daily papers. In this proceeding the Association has given evidence of the interest which it takes in the welfare of the public and the profession. The example which it has set is worthy of imitation. It is by efforts of this kind that the public press must become purified from those disgusting and offensive announcements which soil its pages. We had recently the satisfaction of announcing that the *Manchester Guardian* had responded promptly and honourably to the appeal for the exclusion of the advertisements of the gang of quacks.

THE MEDICAL ACT.

THE Medical Act, its shortcomings and imperfections, at present claim the serious attention of the profession. As a legislative experiment, it has had a fair and impartial trial. Neither in haste nor in anger have its merits been discussed. To say that it has in almost every important particular proved ineffective would be to render to its framers scant justice. It has been productive of much mischief—mischief scarcely counterbalanced by other so-called beneficial results. Amongst the latter may be considered the identification of the medical profession with the State, and the expurgation of all who are not "legally" or "duly qualified medical practitioners" from positions of public trust or legal professional recognition. To this extent—and we fear to this extent only—have its provisions proved successful. We pass for the present a consideration of the proceedings of the Medical Council. The whole has proved a five-act comedy—"Much Ado about Nothing;" each act occupying for its rehearsal one year. For this a very large sum of money has been received from the members of the medical profession; and, in return, they have had afforded to them a legal position without protection, a deliberative body without authority, and an association between the profession and the State which has hitherto proved of little advantage to either. We freely make allowances for those errors of judgment, as well as misapprehensions of the extent and nature of their new powers, into which the Council were in their earlier discussions betrayed; and would be disposed to attribute the want of success of the measure to exceptional causes, could we, beyond the advantages mentioned, see any great practical results following on their deliberation. We cannot, however, do so. It must, in fairness to the Council, be declared that they have, step by step, slowly, very slowly, but surely, arrived at the great discovery that the Act is, practically, a most ingenious failure. This may be in a measure accounted for by the fact that difficulties of no ordinary kind or character were on every side to be overcome: corporate privileges, usages accepted and sanctioned, practices by law permitted, and rights by law established. The Medical Act professed to steer clear of considerations such as these, and merely to regulate the qualifications of practitioners in medicine and surgery, with a view of enabling persons requiring medical aid to distinguish qualified from un-

qualified practitioners; and so between the desire, on the one hand, to respect vested interests, and, on the other, to give stability to the new authority created, the framers of the Act adopted a medium course, which enables everyone who may wish so to do to evade its provisions.

It may be presumed that the experience of the working of the Council has informed them on all matters affecting the mere machinery of legislation. Who are or are not to be registrars; whether they should be appointed by the central or a branch Council; how far their separate authority is to be independent of each other; whether the offices of registrar and secretary ought or ought not to be combined; how the funds derivable from registration are to be appropriated; what rules are or are not to be observed in the publication of the Register; what sums of money should be expended in payment of the Council, and what sums ought to be apportioned for the purposes of the profession: these are questions to which five years' experience ought to give a definite reply, because these are matters entirely within the discretion of the Council. Whether the same experience will enable the Council to speak with equal confidence on other particulars it is worth while to inquire. The nature and extent of studentship preliminary and professional education may, notwithstanding the admonitions of the Medical Council, be still regarded as an open question. The control exercised by the Council over the different colleges or licensing bodies has proved practically of no avail. Changes which have resulted in several medical and surgical corporations must be attributed to the operation of the Act, which accords an equal legal standing to everyone upon the Register. The only corporate body which has benefited by the interference of the Council is that of the Irish Apothecaries' Company, whose licence has, through the expression of their opinion, become possessed of extraordinary value; and in this instance the Council assumed a position neither contemplated by nor within the scope or authority of the Act. The Act was framed in the interests of the medical profession as a whole, and no doubt the Legislature calculated upon the friendly co-operation of the profession with the Council for the amicable settlement of all abstract questions involving corporate differences. In this they have to a certain extent been disappointed. That uniformity does not prevail on all matters affecting medical education and the granting of different medical and surgical qualifications is much to be regretted. Corporate monopolies are abolished by the Act, which within the United Kingdom gives equal validity to all qualifications registered. The practical result of this must eventually be a mutual recognition on the part of licensing bodies granting similar degrees, and the conferring of *ad eundem* licences without further examination whenever, for the purposes of local residence or any other cause, such may be considered desirable. No doubt an identity of studies would expedite this end, especially as the Medical Council has authority to declare what is the minimum scale which should be considered as efficient. It is equally true that were the several bodies represented at the Council to co-operate to give effect to its suggestions, the Council could with greater confidence, as well as with more leisure, discuss and take action on matters which ought really to constitute the chief care of a body standing between the profession and the State. How their influence might be exercised it would be premature now to discuss. The provisions of the Act which may be said at present to receive the greatest attention, and on the interpretation of which so much of its efficiency depends, are admittedly contained in the 40th section.

We have already discussed this *usque ad nauseam*, but again recur to it with a view of examining its provisions by the light of other judgments than our own. This is no easy matter, inasmuch as, wherever it was possible, decisions are at variance on every point which the section raises. First, what is "a wilful and false pretence" within its meaning? In the case of Pedgrift *v.* Chevallier (29 L. J., M. C. 225), the Court of Common Pleas declared "the proposition that every person who calls himself a 'surgeon,' without being on the Medical Register, was liable, could not be sustained." Again, in Ellis *v.* Kelly (30 L. J. Ex., p. 74), the Lord Chief Baron observed: "If a man is registered, he may call himself what he pleases," Barons Bramwell and Wilde dissenting from such a proposition. On the one hand, not being on the Register is no proof that the assumption of the title of surgeon is not correct; and, on the other, the being on the Register affords no guarantee that the title assumed, other than that to which registration has been accorded, is a valid one. The mere assumption of medical titles is not sufficient *per se* to warrant a conviction. Such assumption must be with the intent of "implying" that a person "is registered under this Act." Whereas the Act in no respect makes it obligatory for persons qualified to register; nay more, in the 36th Section it recognises the right of unqualified persons "to practise"—that is, of persons unqualified for registration under the Act, inasmuch as the 36th Section does not declare that persons eligible for the appointments therein specified should have diplomas from any of the bodies included in the schedule of the Act. It might thus occur that an individual neither registered nor entitled to be registered under the Act could exercise his common-law right, as well as his right under this statute, to practise; his position, in the case of special contracts, being calculated to raise subtle questions, notwithstanding the 32nd Clause. The Legislature recognised this difficulty, but failed to provide against its results. To render the Act complete as a protection to the profession, practice without registration should constitute its breach. This was the opinion of Mr. Justice Williams in Pedgrift's case; but this is a form of legislation which, however necessary for the perfection of this Act for that purpose, involves considerations of great importance. Neither the spirit nor the wording of the Act declares it as an arbitrary measure. Its preamble states its design—to "enable persons to distinguish qualified from unqualified practitioners." But its provisions do nothing of the kind; nay more, they are calculated to mislead the public in that particular, inasmuch as the test proposed by the Act is registration, which, on its own showing, and according to its own provisions, it was anticipated would include but a portion of "qualified," as distinguished from "legally qualified," practitioners. The Act accomplishes this. The names appearing on the Register are "qualified," or rather "duly" or "legally" qualified; but it does not affirm that names not appearing on the Register are not as well "qualified" for practice, though not coming within the terms "duly" or "legally" qualified according to the provisions of the Act. Considerations of this nature have lent the real difficulties to the operation of the 40th Section. Three forms of amendment to this section have been proposed. That put forward by the Branch Council for England raises very nice questions. It makes the breach of the Act depend on the treatment of disease "for gain," not on the fact of non-registration, and limits the right to treat such diseases to those "qualified to be registered under the Act," thus excluding from consideration every form of degree or diploma but that recognised in Schedule A. The Scotch and Irish propositions omit the question of "gain" altogether, and make practice and the assumption of a title the tests, in the absence of registration, of a breach of the provisions of the Act. No doubt, from their combined wisdom, it will be possible to frame a clause, explicit and exact, protecting the members of the medical profession, and ensuring to the public that all "legally" or "duly" qualified practitioners have certain degrees. This, however, is not the scope, spirit, or meaning of the existing law. It does not seek to prevent any one from practising, with or without diplomas. It merely says this: If you practise without a qualification the person who employs you must not be deceived in reference to your position. You must not assume titles to which you have no claim. The law will afford you no right to recover for

the services you render, and the law will hold you responsible in case mischief results from your interference. The object of the Act is to discourage practice without registration, and it seeks to do so by excluding from legal recognition those not registered, and rendering liable to all civil obligations men so practising. These proposed amendments do more than this—they seek to go further than any measure which has ever heretofore been proposed, and to prevent practice altogether unless licensed by Act of Parliament, even though the person practising be of competent skill and possess qualifications which elsewhere entitle him to treat disease. It is well to recall the dictum of Mr. Justice Hullock in Van Butchell's case: "It is my opinion that it makes no difference whether the party be a regular or an irregular surgeon; indeed, in remote parts of the country many would be left to die if irregular surgeons were not allowed to practise. It is quite clear that you may recover damages against a medical practitioner for want of skill; but, as my Lord Hale says, 'God forbid that any mischance of this kind should make a person guilty of manslaughter.'" Hitherto the law, though not recognising, has not declared to be illegal, the undertaking of medical or surgical treatment by unqualified practitioners. The false assumption of titles brought offenders under the ban of corporations, and ignorance or rashness rendered them open to proceedings, either of a civil or of a criminal nature, as the case might be. The spirit of the law has heretofore been to leave it free for everyone with special knowledge to exercise that knowledge for the good of his fellow-man provided he did so honestly and without false pretence. The medical profession now claim that none shall do so unless they be registered. The proposition is as broad as it is bold, and one which demands the most serious consideration. It is scarcely requisite to refer to the contemptible blunders and almost humorous differences that have characterized decisions on this question. Judges of minor tribunals, with too frequently rusty notions of law, have certainly contributed their aid to embarrass this question. This is scarcely to be wondered at when we find the highest common law authority in the kingdom, the Lord Chief Justice, declaring, in the case of Ladd *v.* Gould, he did not think it any false pretence for the defendant to use the name of "surgeon," when practising as a dentist without any qualification; an opinion approved by Mr. Justice Crompton, who observed it was like the case of "surgeon-chiropodists,"—opinions neither recognised nor acted upon in the minor courts; Samuel Nunn having been fined 40*s.* for a similar offence, and, notwithstanding the dictum of the Lord Chief Baron in Ellis *v.* Kelly, Joseph Chamberlain, registered as a Licentiate of the Apothecaries' Company, having been fined £5 for assuming the title of surgeon. We propose to return to the consideration of this section and of its defects.

CORONERS' INQUESTS IN EAST LONDON.

A MEETING of the medical practitioners of the East-end of London was held at the Beaumont Institute, Beaumont-square, Mile-end, on Thursday, the 2nd inst., to consider the following subjects:—

1. The subject of medical evidence at coroners' inquests and the appointment of medical coroners.

2. The necessity of establishing a fund available for disbursing the expenses of legal assistance in defending proceedings arising out of their profession.

3. To receive the sense of the meeting upon the alterations necessary to render the present Medical Act more effectual in suppressing illegal practice, &c.

Dr. ROSE, who was unanimously called to the chair, said that he anticipated the objects of the meeting would be unanimously approved, and the only mode of establishing a proper *esprit de corps* amongst the profession was by combined action, and the adoption of rules by which they should be actuated with respect to the courtesies which every member was entitled to receive from his brethren. He then referred to recent instances of coroners' inquests, in which he considered there had been much unfair play. In an instance that lately occurred in the immediate neighbourhood, and in which he felt a special interest, he explained that the questions put to the witnesses were of a leading character, all having a special reference to the condemnation of the medical practitioner in attendance. He trusted that the meeting would adopt such resolutions as would prevent a repetition of this wrong, and secure to the profession more courteous treatment for the future. There might arise cases in which errors of judgment would be likely to occur, and in which differences of opinion would arise, but in every case where competent skill was brought to bear and anxious attention was devoted to it, the proper course was to shield a professional brother from the attacks to which he might be exposed. In reference to advertisements, which frequently appeared, requiring assistants who were "unqualified," he thought that, for the protection of the profession, this practice should be avoided.

Mr. SWYER proposed the first resolution,—"That the present mode of taking evidence at coroners' inquests is highly objectionable, and that, as a rule, the medical attendant at the time of death should be communicated with by any gentleman who may be appointed by the coroner to make an examination." Mr. Swyer, after supporting the principle of this resolution, related the circumstance of a case in which he had been engaged, and which is fully detailed in the letter at page 162.

The resolution was seconded by Mr. THOMPSON.

Dr. HELSHAM thought that an additional protection should be afforded to medical attendants in certain fatal cases by the employment of a legal adviser at the inquest to watch the proceedings.

Dr. EDMUNDS moved, as an amendment, "That a medical practitioner who may be entrusted to make a post-mortem examination in a case where another practitioner had attended at the time of death should always do the best he can to give such practitioner an opportunity of being present." In proposing this amendment Dr. Edmunds entered into a lengthened statement respecting the part he had taken in reference to post-mortem examinations made by order of the coroner. He had always endeavoured to do his duty fairly between the public and the profession.

Mr. HANKS having seconded the amendment, it was carried unanimously.

Dr. MILLER having referred to a case in which Dr. Edmunds, in his opinion, had acted most discourteously to the other practitioners engaged,

Dr. EDMUNDS disclaimed any intention of discourteous treatment of the professional gentlemen who had been engaged in the case, and expressed his full intention in all future cases to act more in accordance with the feelings of the meeting. This determination was received with much satisfaction.

The amendment was carried.

The second resolution,—"That in consequence of the numerous unjust actions against medical men, this meeting considers it necessary that a Defence Fund be raised to defray the legal expenses incurred, and that a committee be formed to draw up rules embodying the above resolutions," was proposed by Mr. RILEY, and seconded by Mr. LYEL.

Dr. EDMUNDS thought that the prosecution of medical practitioners had a beneficial effect even upon themselves, and in many cases eventually advanced their interests; but with respect to the proposed Fund he thought that before establishing it the meeting should affiliate itself to the Medical Association, which was already established, and could be made available for the purpose.

Mr. THOMPSON, on the contrary, thought that the Association was unequal to the task, and that there were many cases in which a General Defence Fund was highly necessary.

In reply to a question by Mr. Mahony, the CHAIRMAN said that if this fund were established locally it would, of course, benefit the local members only; he thought, however, that a national association would be of far more service, and suggested the formation of a committee, whose duty it should be to correspond with other associations which were formed throughout the country for the purpose of effecting a union of them all in one general body, and that London should be made the starting point of this movement. A small annual contribution would be amply sufficient for the purpose.

The principle of the second resolution was adopted by the meeting, and the establishment of a fund decided on; and we

believe that some subscriptions were received, headed by a cheque for two guineas sent by Dr. Herbert Davies, who was unable to attend the meeting.

On the proposal of Dr. LYEL, the following gentlemen were appointed as an acting committee:—Drs. Edmunds, Miller, Stephenson, Messrs. Riley, Thompson, Rose, Swyer, D'Olier, and Hawker.

The attention of the meeting was not called to the amendment of the Medical Act, as at first proposed; this matter, with all others affecting the interests of the profession being left to the consideration of the committee, and for discussion at future meetings.

After a vote of thanks to the chairman the meeting separated.

Correspondence.

"Audi alteram partem."

ON THE UNITY OF THE SYPHILITIC VIRUS.

To the Editor of THE LANCET.

SIR,—My thanks are due to Mr. Gascoyen for the pains he has taken in his letter of the 28th inst. to clear away the misapprehensions I was under concerning some of the statements contained in his valuable paper "On the Unity of the Syphilitic Virus." But, through my not making my meaning quite clear, Mr. Gascoyen has failed to comprehend exactly what I intended to convey. In defending the dualists from the imputation of pretending to be able on first seeing a chancre to announce in all cases whether the patient has escaped contagion of the constitutional disease or not, I meant that they demand that the period of incubation possessed by real syphilis be passed over before they give a decided opinion as to the absence or presence of that disease. This delay they think necessary because, according to their belief, until the incubation period be concluded syphilis does not reveal its presence in any way appreciable to our senses. But I grant, and Mr. Gascoyen is quite correct, if he chooses to say so, that the holders of the double virus theory pretend to be able to state at once if the non-infecting sore be present; though whether it is alone or accompanied by syphilis, they wait until the incubation period has elapsed before deciding. Mr. Gascoyen denies that there is an incubation period between the inoculation of syphilis and the manifestation of its symptoms; yet he must have seen some cases where such delay has taken place, and if not, he will find in those cases of artificial inoculation where the constitutional disease was inflicted the incubation was clearly observed; in both of V. Baerensprüng's cases it was so, for instance.

With respect to the *chancre mixte*, Mr. Gascoyen holds up this doctrine to ridicule, because it is to him incomprehensible for a sore to be the site of two morbid actions, distinct in their nature, and propagating two different viruses at one and the same time; *ergo*, as there is no doubt that from some chancres both varieties of venereal ulcers proceed when their secretion is inoculated on others, the existence of such sores is a strong argument in favour of a single poison and not of two. But in his reply to me, when I urge that in cases of vaccination and syphilis the vaccine virus and syphilitic virus show no such incompatibility, and therefore no such impossibility of two poisons being in simultaneous action exists to disprove the presence of two viruses in the mixed chancre, I am told that, as Mr. Gascoyen does not believe in the existence of two poisons, he cannot allow the existence of the mixed chancre. This being so, the mixed chancre can hardly be made an argument to negative the existence of the two viruses. At present we have Mr. Gascoyen's belief that it is not charged with two poisons—nothing more. Mr. Gascoyen compares the abortive effects sometimes seen in vaccination, when the lymph has not been secured at a right moment, to the soft chancre, and the regular vaccine disease to the constitutional syphilis. I do not allow this comparison to be a fair one, for it can hardly be asserted that these slight local inflammations of unsuccessful vaccination can be propagated indefinitely from individual to individual and produce specific inflammations in the neighbouring lymphatic glands—undoubted characteristics of the non-infecting venereal sore.

Mr. Gascoyen says that syphilis, when introduced by vaccination, is very different from the primary affection, and that he is discussing primary affections only. I am glad indeed to read this, as it strengthens what has been advanced by dualists, that syphilis is a constitutional disease, and that its earliest manifestations are as much constitutional as its later ones, but that it is often complicated or contemporary with a local affection of distinct nature.

In speaking of idiosyncrasy I am accused of "taking for granted that Mr. Gascoyen was about to invoke idiosyncrasy as a chief explanation of how one poison may produce different results." I did not mean to do so, nor do I think I have, as on referring to page 655 of your last volume (Dec. 17th) I read, "They (the advocates for the unity of the virus) account for the varieties observed in the manifestation of the same poison *by the peculiar idiosyncrasy of the person, state of his health or constitution, susceptibility or non-susceptibility to the reception of the disease*, condition of the tissues in which the virus has been deposited, and source from which it has been obtained." After reading this I think I shall be acquitted of taking it for granted that diversity of idiosyncrasy is a chief reason, in the opinion of Mr. Gascoyen, that the same poison produces such various effects in different individuals. But I am perfectly willing to be so charged if my error has induced him to explain that he does not include idiosyncrasy in the causes of the different actions of the venereal poisons.

You, Sir, and Mr. Gascoyen will excuse my replying to his letter of the 28th inst. at such length, as this question of the nature of venereal poisons is a most important one. I hold the paper to be a valuable contribution to the elucidation of that question. It contains some important principles which are not generally received: I allude especially to the statement that the changes and peculiarities in the ulcer accompanying the constitutional disease are themselves in part, at least, if not all constitutional, and the result of the disease having already impregnated the system with its poison. If this principle were generally accepted the question of the advantage of abortive treatment would be greatly narrowed. Your space will not permit my passing on to the enumeration of other weighty points in this paper "On the Unity of the Syphilitic Virus."

I am, Sir, your obedient servant,

M. BERKELEY HILL,
Assistant-Surgeon, University College Hospital.

Weymouth-street, January 31st, 1865.

CASE OF PRYCE AND WIFE *VERSUS* BOWEN.

To the Editor of THE LANCET.

SIR,—Having now passed through my difficulty and trouble, I must beg as an additional obligation from you, who have so potently placed my case before the profession and the public—a small space for a word of sincere thanks for the great service which has been rendered me.

Allow me most gratefully to acknowledge the kind sympathy, as well as the moral and practical support, which I have met with from the profession as a united brotherhood. To the powerful advocacy of the medical press I am, indeed, most deeply indebted, especially to its leading organs, which always have been, and I feel sure ever will be, the trustworthy guardians of professional honour and the ready champions of professional grievance.

The same consciousness of right with which I accepted the gauntlet thrown down by this gross aspersion on my professional ability, and by the aid of which I faced the inevitable slander and exposure of public trial, well assured me of the approval of the profession, of the good word of the professional press, and of the sympathy of the rightly-judging public.

Grant me the opportunity of expressing the intense gratification which I, and, I am sure I may add, the whole profession, have experienced from the dignified and righteous conduct exhibited throughout this case by the medical profession of Liverpool and this neighbourhood, as well as of thus feebly acknowledging the great service rendered me by those leading members of it who were present upon the day of trial.

I must not omit to state that, with the exception of Mr. Evan Thomas, jun., the only surgeon in Liverpool who saw the case at an early date was Mr. Martin, of Rodney-street; and that Mr. Martin, as soon as he became informed of the threatened action, very courteously called upon me and told me of it.

I deeply regret the position occupied by Mr. Lund in this

cause, and I wish to acknowledge that he has subsequently shown in the most practical way how desirous he is of exemplifying his conviction of the error which he has made.

The true kindness of my professional neighbours who have devoted so much time and trouble to my aid, as well as the extraordinary general sympathy and good will of the profession in this case, have made an impression upon my mind which time cannot efface, and have given me good reason indeed to be proud of the profession to which I have the honour to belong.

I am, Sir, your obedient servant,

Birkenhead, Feb. 7th, 1865. ESSEX BOWEN, M.D.

To the Editor of THE LANCET.

SIR,—You will oblige me by stating that the following subscriptions have been added to the Bowen Fund, which is now closed.—Yours truly,

H. D. SCHOLFIELD, M.D., *Treasurer.*

Birkenhead, Feb. 7th, 1865.

Dr. Garstang, Blackburn	£0	10	6
Joseph Toynbee, London	1	1	0
Wm. Adams, ,, ...	1	1	0
John L. Jardine, Capel Dorking ...	0	10	6
Preston, per Dr. Hammond	9	7	6
Messrs. Roberts and Williams, Festiniog, N.W.	1	1	0
Liverpool, per Dr. Stookes	53	12	0
Dr. Dyster, Tenby	5	0	0

MEDICAL EVIDENCE AT CORONERS' INQUESTS.

To the Editor of THE LANCET.

SIR,—A report of the meeting of medical men, held at the Beaumont Institution, Mile-end, will doubtless appear in your next issue, with my account of a case bearing on the subjects which gave rise to the meeting.

As this case of mine very completely establishes the truth of what THE LANCET has so frequently and powerfully advocated—viz., the desirability of the appointment of medical coroners, and the duty of any gentleman who may be called in to make a post-mortem examination, or to give evidence in a case which has been under the care of another practitioner, to communicate to him the fact that he has been so called in, so that he may be present at the inquest or post-mortem, I do not hesitate to trespass on your space by asking you to publish the enclosed correspondence between myself and Mr. Gant, which took place after the inquest referred to. I think it will be clear to every obstetric practitioner—1st, that had the coroner been a medical man, no such inquest would have been held; and 2ndly, that had Mr. Gant made the post-mortem in my presence, he either would have given up the matter altogether, as belonging to a branch of the profession in which he is not proficient, or, at the least, would have abstained from the expressions he made use of to Drs. Gayton and Lyel before the assembly of the jury, and which, if they had been repeated in the inquest-room before a non-medical coroner and jury in my absence—as they probably would have been but for some hints given him by these gentlemen as to the real nature of the case, and from the fact that I had been warned from a source independent of the coroner or his *expert* that I had better be there—there can be no doubt that, but for these circumstances, a verdict of manslaughter would have been returned against me, and a feeling created in the public mind which no after-proceedings or explanations would ever have thoroughly eradicated; and all because I had laboriously done my duty, and conducted a very painful and difficult case to a successful termination. I am, Sir, your obedient servant,

ROBERT EDWARD SWYER, M.D.

Mile-end-road, Feb. 7th, 1865.

(COPY, No. 1.)

25, Mile-end-road, Dec. 21st, 1864.

DEAR SIR,—Will you allow me to ask you for a little explanation of some very strong remarks made by you, out of court, on the case of Inshaw's infant, upon which I had performed craniotomy, and on whose remains you were directed by the coroner to make a post-mortem examination on the 26th ultimo? I am informed that between the time of your making the examination and the assembling of the court, you spoke of the case as a most atrocious one. May I ask you in what (in your opinion), the atrocity consisted, and whether you applied the term to my management of this case in particular, or to the performance of the operation under any circumstances?

I am, dear Sir, your obedient servant,

Fredk. Jas. Gant, Esq., F.R.C.S. ROBT. EDWD. SWYER.

(COPY, No. 2.)

Grenville-street, December 22nd, 1864.

DEAR SIR,—The matter to which you refer in yours of yesterday's date is very easily explained. Whatever remark I made—the precise terms of which I cannot now remember—it was upon the representation made to me that the state of the head of the infant in question was produced by the use of "forceps," which I of course thought a most extraordinary result. When I thus expressed myself to Mr. Gayton, just before the inquest, he at once told me that you had performed "craniotomy." I more than once expressed my satisfaction at having so opportunely met him *before* the inquiry, and I immediately communicated the information I had received to the coroner. Subsequently, you will remember, I stated in evidence that the post-mortem appearances of the head were quite those which would be produced by craniotomy, and skilfully performed.* Having brought the matter to this issue, I altogether decline to give any opinion respecting the propriety of that operation, the question being altogether foreign to my practice.

Sincerely regretting any pain that you may have suffered in the absence of this simple explanation of whatever remarks I made,

Believe me truly yours,

R. E. Swyer, Esq. FREDERICK J. GANT.

ON THE PREVENTION OF VENEREAL DISEASE.

To the Editor of THE LANCET.

SIR,—My excuse for addressing you is the fact that a committee is at this moment sitting at the Admiralty on this subject, and I would consider it under two heads: 1st, Preventive; 2nd, Curative.

1st. *Preventive.*—All houses of resort, with their inmates, to be licensed; a return to be made bi-weekly of the names and ages of the inmates and their condition of health by the keeper of the house, who in case of not reporting the existence of disease should be punished by forfeiture of licence or penalty or imprisonment. Solicitation of individuals should be restricted to the front of these houses only, and not permitted in the general streets or places of public resort or amusement. Public inspectors to be appointed to examine bi-weekly the inmates of all the licensed houses: the appointment to rest with the Central Board of Health or the board of guardians of the district, who shall fix the salary, which should be paid out of the poor-rates. A special register to be kept by the inspector, recording general results of inspection; and a register at each house, stating name of person diseased and length of infection. All non-registered prostitutes—that is to say, "women taking money for prostitution"—to be imprisoned for a period of . All persons keeping unlicensed houses for the purposes of prostitution should be imprisoned for a period of . Bi-weekly inspection in the case of sailors and soldiers to be made by a properly qualified man (non-professional), and a monthly inspection by the surgeon or assistant-surgeon. In case of any soldier or sailor neglecting to report himself for forty-eight hours after the manifestation of disease, suitable punishment to be awarded.

2nd. *Curative.*—The establishment of Lock hospitals in proportion to the requirements of the population. In the case of men employed in the services ample remedial means exist. Civilians should, by notices in the rooms of the licensed houses, be invited to make immediate application to the inspector of their district on the appearance of disease; and should the disease have been contracted in another district, the inspector applied to should be bound, under penalty, to send immediate notice to the inspector in whose district the infection occurred, with the number of the house in which contracted. A circular to be sent to all duly registered surgeons inviting them to give notice to the district inspector (the name being suppressed) of the house, if licensed, in which disease was contracted. A list of cases, with treatment, to be forwarded to some central

* Mr. Gant admitted this on cross-examination. He did not state it in his evidence in chief.—R. E. S.

depôt every year; a digest to be printed and sent to every district inspector, and to be forwarded on application to the public on payment of .

The licensing of houses for this purpose is of considerable antiquity in this country, as by the court rolls of the manor of Old Paris Garden it appears that nearly two centuries ago a grant was made to erect a stenhouse on the sands on Bankside (just where Newton's drawing-dock now stands), under the stipulation that the grant should be forfeited "if more than two women should be there at a time, or if more than two men should go with them in one night." In France the licensing system is carried to the greatest perfection; in Denmark also; and there all unlicensed prostitutes are punished.

The inspection, and record of name and age, would also go far to prevent such scandals as have occasionally arisen by the abduction and importation of girls for immoral purposes by superannuated bawds. Still, with all our care (and the state of the case is imminent), a large source of disease will be furnished by girls employed at various factories, &c. As to the extent of the existing mischief, I would refer to a letter of mine in THE LANCET of 1859.

In conclusion, I would suggest that this is simply the chaos which has to be arranged into order, and claim your indulgence for its crudity.

I am, Sir, faithfully yours,

Blackfriars-road, Feb. 1865. FRED. CHAS. JONES, M.D.

P.S.—Are the organmen playing in the public streets after dark, rendering them well-nigh impassable from groups of boys and girls from the ages of nine to fifteen, training up children in the way they should go?

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

TYPHUS and small-pox still continue their ravages, and as they have been prominent subjects of discussion at our Medical Society, at the Health Committee, and at the weekly meetings of the different Boards of Guardians, they may be considered as still the most important matter of local medical interest.

During the last eight weeks the number of deaths has been—

From all causes	... 3042,	being 486	above the average.
From typhus	... 514,	,, 404	,, ,,
From small-pox	... 173,	,, 150	,, ,,

The last two weeks have witnessed a rapid diminution in the number of cases; the returns of the total number of deaths from all causes, for the week ending January 21st, were 334, being the exact average of the last ten years. For many months the deaths from scarlet fever, measles, and whooping-cough have been very low. For the last eight weeks they have ranged thus:—

Scarlet fever	... 67 deaths,	being 70	below the average.
Measles	 42	,, ,, 31	,, ,,
Whooping-cough	17	,, ,, 68	,, ,,

That these three diseases should have been so greatly in abeyance during the whole time that typhus has been prevaling so extensively is a very important fact.

Dr. Trench, the Medical Officer of Health, presented his report to the Health Committee on the cause of the spread of typhus, explaining that by the word "cause" he meant "promoter," and that he had come to the conclusion that the chief cause of the excess of typhus was indigence, and that amongst paupers and the class immediately above them. He then proceeds to state the facts on which his belief is based, and these are chiefly drawn from the reports of the charitable societies, the statement of the governor of the workhouse, and the daily reports of the house-to-house inspectors,—all of which bear evidence to the great amount of typhus amongst the class just above paupers. Dr. Trench says that the spreading of typhus in a family is an excellent test of the existence of some permanent cause increasing the susceptibility of the inmates of the house to its attacks. One of the house-to-house visitors supplies him with the following particulars:—355 persons in 96 families suffered from fever. Attached as a memorandum to 53 of these families is the entry "very poor," to 23 "foul air," and to 11 "drunkenness." As one of the explanations of the amount of indigence existing, Dr. Trench gives "strikes." The average number of fever cases in the Workhouse Fever Hospital during 1860, the year before the fever became epidemic, was 22; the average number during the last two months has been 350. With regard to clothing, the governor of the workhouse states that he considers the general condition of the patients admitted during the past year with fever as exceptionally bad, worse than during the Irish famine fever; and so generally has this fact been observed that the charitable were appealed to for help to dispense clothes to the half-naked convalescents on leaving the hospital; and latterly the vestry have agreed to give clothing at the public expense.

Mr. Steele, in a paper which he read before the Medical Society, asserts that there is no proof whatever that greater indigence than usual now exists in Liverpool, but, on the contrary, he believes the poor to be suffering under far less pressure than at other periods when there was but little fever amongst them. Whilst fully admitting that destitution, over-crowding, and bad ventilation tend greatly as predisposing causes to promote the extension of disease, he maintained that the only exciting cause was contagion—that is to say, that typhus could only be produced by the introduction into the system of its own specific virus, and not by exhalations of any other kind.

Dr. Shearer, another parochial medical officer, has published a small pamphlet, the drift of which is to show the districts in Toxteth-park in which the fever has most prevailed. His paper is valuable, in so far as it proves that in small streets having a number of courts with narrow entrances the fever has been most rife, especially in those streets where no free ventilation or current of air can pass along, owing to their being blocked up at one end by another street, or by a dead wall. In one of the streets he mentions as thus blocked up, consisting only of thirty houses, but with seven courts, in twelve of the houses fever broke out and spread amongst their inhabitants. Defective ventilation, and the want of pure air, are, in his opinion, the main causes of the spread of fever.

Dr. Buchanan's very comprehensive report to the Privy Council upon the "Epidemic Fever in Liverpool" is too lengthy for me to do more than mention the chief points of interest on which it dwells. He first states that the epidemic that has prevailed has been true typhus, with scarcely any typhoid fever, and that it has been unattended by any special complication. That, as it is never wholly absent from Liverpool, it is difficult to define with precision the time of its commencement as an epidemic. That it is amongst the class who are habitual paupers, or who are immediately pauperized by sickness, that it has mostly prevailed, though many in higher positions of life have not escaped. That occupational differences have not influenced the amount of fever. As to age, 60 per cent. of the attacks were in persons under twenty, children appearing to be especially subject to the disease; 25 per cent. were in persons between twenty and forty, and only 2 per cent. in those over sixty. The mortality has been low, being only about 6 per cent. of the cases treated at their own homes, and between 14 and 15 per cent. in the hospitals. Dr. Buchanan does not consider that anything connected with drainage, middens, or water-supply, has to do with the Liverpool fever; but in the construction of the courts he sees more reason to account for the maintenance of fever. In the borough there are 3173 courts, containing 18,610 houses. The worst courts in point of construction are in Liverpool parish; the next worst in Toxteth-park. The density of population in central Liverpool is greater than in any other town in the kingdom, and the more thickly inhabited parts of the borough have suffered most from typhus. Common lodging-houses and cellars, which, in the Irish fever of 1847, had so important a bearing upon it, have had little or no effect in the present attack, since in 1863 only 24 persons were taken ill in the whole 1000 registered lodging-houses. The kind of overcrowding which at present characterizes the town, and which, along with bad ventilation, is extremely conducive to the existence of typhus, consists in the sub-letting of houses, built originally for one family only. (Since so many cellars have by law been closed, this evil has been greatly augmented. In a house containing 3 small rooms, 16 persons were living. In one of the rooms there was a family of 2 persons, in another a family of 5 persons, and in the third 9 persons. Three different families lived *in one room*). On habitual destitution, Dr. Buchanan says there is a large class living on precarious and insufficient earnings. There are 5000 always in the workhouses, and 13,000 are weekly receiving parochial relief. There are tens of thousands of the poor of Liverpool whose income from all sources is not more than 2*s.* 6*d.* per week, and out of this they have to supply them-

selves with house-room, firing, clothing, and other necessaries, leaving much too small an amount available for the purchase of sufficient food to support a good standard of health. As determining the first increase of fever in 1861, want of employment, and greater destitution, may have played some part; but, as affecting the subsequent progress of the epidemic, destitution cannot be said to have had a material influence. Intemperance, which is an increasing vice in this town, also takes an important part in keeping up the fever. To prove its magnitude, Dr. Buchanan quotes the statement of the town missionaries, that they see no destitution except what is the result of drink, and that of the cases of fever which come under their cognizance, nearly two-thirds occur in the families of drunkards. Dr. Buchanan's summary as to causation seems to be that destitution, dirt, and intemperance, with bad ventilation of streets and houses, keep up typhus from year to year, and that a steady increase in overcrowding, with some increase of immigration and of distress, will at least partially explain its present epidemic character.

As a fit sequel to this summary of Dr. Buchanan's report, I will, in conclusion, give you a few facts from "A Year's Work at the Coroner's Court" in this town. In 1864, there were 1618 deaths reported to the coroner, on 960 of which inquests were held. Of these, 143 children were suffocated, or overlain, three-fourths of them between Saturday nights and Monday mornings, when probably one or both parents were drunk. In 91 the verdict was "excessive drinking," in 31 "murder" or "manslaughter," and 40 were suicides. Of these 1618 sudden or violent deaths 1300 may fairly be assumed to be more or less attributable to drink.

A writer in one of the daily papers—the *Mercury*—is at the present time, in a series of articles headed "The Slain in Liverpool during 1864 by Drink," drawing attention to what is doubtless the greatest social evil of the present time.

In this town it is positively fearful to contemplate the crimes, the accidents, and the diseases that in one year have had their origin in drink. 17,000 people were in the hands of the police through drink, and between 8000 and 9000 were patients at the hospitals and dispensaries from the same cause; whilst the amount of disease produced by it cannot be calculated.

Liverpool, Feb. 1st, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 8th inst.:—

Clements, George, Brixham, Devon; diploma of membership dated Jan. 24th, 1865.
Dillon, Patrick William, M.D., Ennis, Co. Clare; July 11th, 1851.
Douglas, George Cox, Ware, Herts; May 24th, 1864.
Dwelly, Henry James, Wandsworth; July 26th, 1864.
Hatherly, Henry Reginald, Desley; Nov. 16th, 1864.
Hyde, Edward, Witney, Oxon.; July 30th, 1863.
Jones, William Owen, Bala, N. Wales; August 1st, 1861.
Purcell, Ferdinand Albert, M.D., Cork; Jan. 20th, 1865.
Roberts, John Coryton, Peckham; July 26th, 1864.
Rogers, Chas. Edward Heron, Westmeon, Petersfield; July 27th, 1864.
Smith, Edward Roberts, Dudley, Worcestershire; May 24th, 1864.
Smith, Walter, Bognor, Sussex; May 11th, 1864.
Stone, William Domett, M.D., Lincoln's-inn-fields; April 10th, 1861.
Williams, Hutchins, L.R.C.P.E., Southampton; May 27th, 1853.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 2nd inst.:—

Hora, Tudor, 27, Bloomfield-street.
Mahony, Arthur John, Glencarre, Co. Kerry, Ireland.
Richardson, James Francis Hamilton, Downe, near Bromley, Kent.
Wilson, Moreton Stevenson Wightman, Mowsley, Rugby.

The following gentlemen also on the same day passed their first examination:—

Crowe, George, University College.
Willmot, Robert, Sydenham College, Birmingham.

R. D. GRAINGER, ESQ., F.R.S.—We regret to have to announce that this accomplished physiologist died last week at Highgate. A memoir of him will appear in the next number of THE LANCET.

DR. BARNES has been elected a Foreign Member of the Obstetrical Society of Berlin.

THE HUNTERIAN ORATION.—Mr. Partridge will deliver this biennial address on Tuesday next, at three P.M., in the theatre of the Royal College of Surgeons.

RADCLIFFE INFIRMARY, OXFORD.—From a report of the Building Committee of the Radcliffe Infirmary, which is now completed, it appears that the total cost has been £6628, while the receipts have amounted to £7113.

BATH UNITED HOSPITAL.—The late report of this hospital states that improvements in the new portions of the present building are in contemplation, and that the Albert Memorial Wing will be commenced during the present year.

MIDLAND COUNTIES NURSING ASSOCIATION.—A meeting has been held at Derby to promote the formation of a nursing association on a general and comprehensive basis under the above designation.

IRELAND.—Disease is very prevalent in Ireland at present. There is scarcely a town where fever is not raging.

THE SMALL-POX AND VACCINATION HOSPITAL.—Mr. J. F. Marson, the Resident Surgeon, reports that of 819 cases 130 occurred to unvaccinated persons. The remaining 685 had been previously vaccinated; and the fact was shown that whereas there were 60 deaths among the 685 vaccinated patients, the vastly increased per-centage of 47 deaths occurred to the 130 unvaccinated.

FEVER IN GLASGOW.—Owing to the prevalence of fever in Glasgow, the magistrates have agreed to take on lease extensive premises in Main-street, to be used as a fever hospital.

MEDICAL BENEVOLENT FUND.—From the twenty-ninth Annual Report of the Committee of this Fund, it appears that during the year just passed the Donation Fund has afforded relief to seventy-eight cases of distress, at an expense of £538, and it also paid £140 to the Annuity Fund. The sum of £236 17*s.* has been invested for the Annuity Fund in Bank Stock, making the present income for annuitants amount to £443 12*s.* 6*d.*

THE LATE DR. HUGH FALCONER.—It is contemplated to erect a memorial of this lamented gentleman, in the form of a marble bust, in the rooms of one of the learned societies of which he was so great an ornament. The following gentlemen have undertaken to receive subscriptions for this purpose:—John Percy, M.D., F.R.S., Museum of Practical Geology, Jermyn-street; George Busk, Esq., F.R.S., 15, Harley-street; Colin Macrae, Esq., Oriental Club; and Charles Murchison, M.D., 79, Wimpole-street.

CHRISTMAS AT AN HOSPITAL: ROYAL SEA-BATHING INFIRMARY, MARGATE.—Through the kindness of Dr. Rowe, one of the medical staff of the hospital, two concerts have been given to the patients in the dining-hall. At the first, some ladies and gentlemen from the town volunteered an entertainment; and at the second, the choir of Trinity Church, under the direction of Mr. Filby, performed some well-selected music: the patients seemed to be highly delighted, and at the end showed their appreciation of the indulgence by loudly applauding the performers and Dr. Rowe. A Christmas-tree was also given to them on Boxing-day by a lady residing in Margate, which was abundantly supplied with useful and appropriate articles contributed by her and also by some other friends of the institution. Mr. Chexfield, the superintendent, also entertained them with some interesting dissolving views, with which they were very much pleased. Tastefully-executed designs in evergreens gave a seasonable appearance to the hall.

A SURGEON'S ASSISTANT AND A MIDWIFE COMMITTED FOR MANSLAUGHTER.—An inquest has been held at Leeds on the body of Elizabeth Leary, of Hunslet. Deceased gave birth to a child on the 26th ult., and died on Friday, the 27th. The case was treated by Mrs. Blackburn, a midwife, and Mr. Edmund Miller, assistant to Messrs. Pullan and Brameld, surgeons, Hunslet. Deceased was the mother of seventeen children. On Christmas-day she was taken in labour, and the midwife found it necessary to send for Mr. Pullan, a surgeon. That gentleman was ill in bed, and sent a pupil named Miller. It appears that Miller performed a very delicate and difficult operation, entirely on his own responsibility, which terminated fatally. A post-mortem examination was made by Mr. S. Smith. In his opinion death resulted from mortification, brought on through gross ignorance of the midwife and the medical pupil. The jury found a verdict of manslaughter against both, and they stand committed for trial at the Spring Assizes.

TREPHINING THE SPINE.—During the last week this operation, so ably urged by Dr. Brown-Séquard in his lectures, and in the columns of THE LANCET (vol. i. 1863, p. 477), has been performed by Dr. Robert MacDonnell, at the Jervis-street Hospital. The patient had suffered fracture and dislocation of the spine at the eleventh dorsal vertebra. The symptoms indicated pressure on the spine. They had lasted for five or six weeks, and Dr. MacDonnell had desired to perform the operation from the first, but in view of objections which were raised had waived this intention, until the arrival of Dr. Brown-Séquard in Dublin, and the countenance which his approval gave to the proceeding, overcame the objections urged. The posterior arch of the eleventh vertebra was removed. The spinal cord was found apparently healthy, but pushed backwards, as had been suspected.* The patient soon manifested signs of improvement after the operation, and is still improving. We shall subsequently record the details at greater length.

MEDICAL RISKS.—Typhus fever is raging at Liverpool with increased virulence. In the splendid and commodious New Fever Hospital at Brownlow-hill every bed is occupied. The demolition of the old one, which had commenced, has been suspended, to afford accommodation. The incessant toil of the three resident medical officers has been beyond mental and physical power, and each has been struck down by the disease. Mr. Beckett and Mr. Blick recovered, but Mr. Brown, as locum tenens for Mr. Blick, succumbed (see our Obituary of last week), and Mr. Cook, the third, is now lying in a most precarious state. In consequence, the committee, we are pleased to learn, have appointed three assistants to aid the usual staff.

THE LATE DR. GIRDWOOD, OF FALKIRK.—On Saturday, the 4th inst., were committed to the grave the mortal remains of one whose unlooked-for and premature death has come home with all the bitterness of a personal loss to the hearts, not only of the community of Falkirk, but of all who had the privilege of knowing him. In the list of noble and self-denying men who have done honour to the profession of which they were members, no name stood more deservedly high than that of Dr. Girdwood. The estimation in which he was held was made fully evident by the attendance at his funeral; hundreds of all classes, high and low, uniting to pay the last mark of respect to one whose memory will be long cherished by them as that of one of the kindest and least self-seeking of men.

GEOLOGISTS' ASSOCIATION.—A conversazione was held on Tuesday week at 32A, George-street, Hanover-square, which was very numerously attended by the members and their friends. Mr. Highley, F.G.S., exhibited, by the aid of his oxyhydrogen demonstrating lantern, a fine series of microscopic objects, enlarged by microphotography. Mr. Highley claimed for his invention that it supersedes the old system, all objects presented being faithful copies of nature, rendered with an accuracy impossible to be attained by hand painting. Mr. T. Boverton Redwood explained to the visitors the nature and properties of the metal magnesium, and showed the beautiful light it produces when burned. A number of interesting objects were displayed by the members, amongst which may be mentioned a splendid series of Crystals from Germany, by Mr. G. E. Roberts, F.G.S.; cases of Cloanites in Silex, beautifully prepared by Mr. Charlesworth, F.G.S.; American Silurian Fossils, by Mr. Pickering, Vice-president of the Association. Microscopes were lent and exhibited by Mr. Heslop, Mr. Leighton, and Mr. Ramsey. Fossils from various formations were exhibited by Messrs. Bott, Evans, Leighton, and others. Great satisfaction was expressed by the visitors, and many additional names were entered for election as members of the Association. Coffee was served at ten o'clock, and the evening terminated at eleven o'clock. Ladies and gentlemen taking an interest in Geology and wishing to join the Association should apply to the Honorary Secretary (Mr. John Cumming, 7, Montague-place, W.C.)

THE PEAT DEFENCE FUND.—We are glad to learn that Dr. Bree, of Colchester, the Treasurer of this fund, has handed to Mr. Peat the sum of £100 towards defraying the expenses of the late action, Candler *v.* Peat. The subscription-list is now closed. Mr. Peat has acknowledged the receipt of the sum in a very appropriate letter.

* The operation was performed in the presence of the surgeons of the Jervis-street Hospital, and of several other medical men of the city, by Dr. MacDonnell. It was accomplished with great dexterity, and proved to be the reverse of a bloody or formidable procedure.

A YEAR'S INQUESTS IN LIVERPOOL.—There have been 900 inquests in Liverpool during the past year, at a cost of £2019 14*s.* 6*d.*: 203 were held on infants of one year and under, 49 of these being illegitimate; 122 were on children of seven years and under, seven of these being illegitimate; 60 were on children between the ages of seven and sixteen; 482 upon persons between sixteen and sixty; and 93 upon infirm persons of sixty and upwards. In 13 cases the verdict was wilful murder, and in 18 the verdict was manslaughter. In 91 cases death had resulted from excessive drinking, and 40 were cases of suicide. In 8 cases death had been caused by want, cold, and exposure, and in 2 disease had been aggravated by neglect. In 658 other cases reported to the coroner, it was not thought necessary, on inquiry, to hold an inquest, thus effecting a saving to the borough of £1384 7*s.*

THE LATE DR. BAIKIE.—At a time when his friends and the many who are interested in African exploration and discovery were anticipating with eager interest the arrival in this country of Dr. Baikie, the sad news has come giving information of his death, at Sierra Leone, on the 12th of December, of fever and dysentery. During the past six years, our lamented countryman has devoted himself with extraordinary enthusiasm and energy to African exploration, chiefly along the course of the Niger, and for a part of the time in the interior of the country, undergoing surprising privations, overcoming the greatest difficulties, escaping imminent dangers, and collecting, during these six years, an immense mass of the most important facts in natural history and physical science, as well as a large accumulation of specimens, which we trust may be preserved as a fitting memorial of the perseverance and heroism of this gifted Orcadian. Dr. Baikie had made every preparation for returning to his native country by the American mail steamer, and had arrived on the 21st of October at Lagos, from which place his friends had received letters from him by the previous mails. Indeed, had it been possible, he was to come home by the previous mail; but the labour of arranging his African collections occupied longer time than he anticipated. Arriving at Sierra Leone, "the European's Grave," he was suddenly seized with illness, and died in a couple of days.—*Northern Ensign.*

MEDICAL APPOINTMENTS.

M. COPPIN, M.R.C.S.E., late District Visiting Surgeon to the Royal South London Dispensary, has been appointed Surgeon to attend and prescribe for Patients at the Institution, vice F. C. Jones, M.D., resigned.

REDFERN DAVIES, M.R.C.S.E., has been elected Surgeon to the Free Surgical Cottage Hospital, Walsall. Since last October he has been performing the duties.

C. ETHERIDGE, M.R.C.S.E., has been appointed Resident House-Surgeon to the Halifax Infirmary and Dispensary, vice H. W. A. Sandell, M.R.C.S. Eng., resigned.

C. HARRISON, M.D., has been appointed Resident Medical Officer to the General Lying-in Hospital, York-road, Lambeth.

J. W. HAWARD, L.R.C.P.L., has been appointed House-Surgeon to the Hospital for Sick Children, Great Ormond-street, vice F. H. Marsh, M.R.C.S. Eng., whose appointment has expired.

J. JAMES, M.R.C.S.E., Medical Officer for District No. 3 of the Bristol Incorporation of the Poor, has been appointed to District No. 1, vice J. J. Foxwell, L.R.C.P.Ed., deceased.

F. C. JONES, M.D., late Surgeon to the Royal South London Dispensary, has been appointed Consulting Surgeon.

Mr. J. M'C. M'WILLIAMS has been appointed Assistant House-Surgeon to the Halifax Infirmary and Dispensary.

S. MILLS, M.R.C.S.E., late Resident Physicians' Assistant to the Consumption Hospital, Brompton, has been elected House-Surgeon and Apothecary to the Lincoln County Hospital, vice Harrison, M.D., appointed Resident Medical Officer to the General Lying-in Hospital, York-road, Lambeth.

J. W. ROBINSON, M.D., has been appointed District Visiting Surgeon to the Royal South London Dispensary, vice Coppin.

H. W. A. SANDELL, M.R.C.S.E., has been elected Resident Medical Officer to the National Sanitarium for Diseases of the Chest, Bournemouth, Hants.

I. W. USHER, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for the Tinahely Dispensary District of the Shillelagh Union, Co. Wicklow, vice R. J. Leeper, L.R.C.S.I., deceased.

H. R. WALKER, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Louth District of the Louth Union, Lincolnshire, vice J. Bogg, M.R.C.S.E., resigned.

G. WELLER, M.R.C.S.E., has been appointed House-Surgeon to the London Hospital.

H. J. WINTLE, M.R.C.S.E., has been elected one of the Surgeons to the Bristol Dispensary.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

W. BARRETT, M.B., Staff Surgeon Army, having completed twenty years' full-pay service, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Oct. 1st, 1858, and appointed to the 71st Foot, vice W. Simpson, M.B., deceased.

D. DUNCAN, M.D., Surg. R.N. March 12th, 1863, has been appointed to the "Niger."

G. H. ELLIOTT, M.R.C.S.E., has been appointed Hon. Assist.-Surg. to the 10th Sussex Rifle Volunteer Corps, vice Jones, resigned.

G. P. GIRDWOOD, M.R.C.S.E., Assist.-Surg. in the Grenadier Guards, has been permitted to resign his Commission.

J. HAWNAN, M.R.C.S.E., Staff Surg. Army, has been appointed Surg. in the Royal Artillery.

G. A. HUTTON, M.R.C.S.E., Assist.-Surg. Army, Supernumerary in the 60th Foot, has been appointed Staff Assist.-Surgeon, vice T. S. Barrow, M.D., appointed to the 23rd Foot.

G. JACKSON, L.R.C.S.I., Surg. R.N. Sept. 30th, 1854, has been appointed to the "Asia" (additional) for service in the "Enchantress" paddle Yacht at Portsmouth.

W. JOHNSTON, Assist.-Surg. R.N. Oct. 13th, 1860, has been appointed to the "Hector."

A. C. M'TAVISH, L.R.C.S.Ed.: appointment as Assist.-Surgeon in the Royal Artillery cancelled.

W. MARSDEN, M.R.C.S.E., has been appointed Hon. Assist.-Surg. to the 41st Yorkshire Rifle Volunteer Corps.

J. W. MORISON, L.R.C.P.Ed., has been appointed Assist.-Surg. to the 5th Fifeshire Artillery Volunteer Corps.

C. W. PICKERING, Surg.-Major, Acting Garrison Surg. of Cannanore, Madras, has been appointed Garrison Surg., vice Reynolds, promoted.

W. PRITCHARD, M.R.C.S.E., has been appointed Surg. to the 1st Administrative Batt. of Nottinghamshire Rifle Volunteers.

J. A. REYNOLDS, Deputy Inspector-Gen. of Hospitals, with temporary rank, Madras Service, has been promoted to Deputy Inspector-Gen. of Hospitals, with permanent rank, vice Shaw, promoted.

R. J. ROGERS, M.R.C.S.E., has been appointed Hon. Assist.-Surg. to the 1st Sussex Artillery Volunteer Corps.

J. ROSS, M.B., Assist.-Surg. Madras Service, Acting Zillah Surg. of Tanjore, has been appointed Zillah Surg. of that District.

J. H. ROSS, M.B., Staff Surg. Army, has been appointed Surg. in the 39th Foot, vice C. T. Abbott, M.B., deceased.

G. A. F. SHELTON, M.B., Surg. in the 48th Foot, having completed twenty years' full-pay service, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Oct. 1st, 1858.

J. SHORTT, M.D., Assist.-Surg. Madras Service, has been appointed General Superintendent of Vaccination.

W. SLY, M.R.C.S.E., Assist.-Surg. C Battery C Brigade Royal Horse Artillery at Meerut, has been appointed to assume the medical charge of his Brigade and Artillery Division.

J. D. SMITH, M.D., Assist.-Surg. R.N. Dec. 8th, 1863, has been appointed to the "Niger."

D. C. TAYLOR, M.D., Staff Assist.-Surg. Bombay Service, has been appointed to the charge of the Colaba Sanitarium, vice O'Dell.

J. TRIMBLE, L.R.C.S.I., Assist.-Surgeon R.N. June 3rd, 1859, has been appointed to the "Britannia."

T. M. WILLIAMS, M.R.C.S.E., has been appointed Assist.-Surgeon to the 1st Administrative Batt. of Nottinghamshire Rifle Volunteers.

T. B. WILLIAMS, M.B., Staff Surg. Army, has been appointed Surgeon to the 38th Foot, vice Marlow, M.D., appointed to the Staff.

C. C. WIMBERLEY, M.D., Acting Assist.-Surg. R.N. Nov. 26th, 1864, has been appointed to the "Euryalus" (additional).

L. WINTERBOTHAM, M.R.C.S.E., has been appointed Hon. Assist.-Surgeon to the 13th Gloucestershire Rifle Volunteer Corps, vice Rooke, resigned.

H. B. WOOD, M.D., has been appointed Assist.-Surg. to the 5th Administrative Batt. of Kent Rifle Volunteers, vice T. Ayherst, M.D., deceased.

D. WOODS, L.R.C.S.I., Staff Surg. Army, has been appointed Surgeon to the 107th Foot.

F. L. W. WRIGHT, L.R.C.S.Ed., Assist.-Surg. R.N. Dec. 12th, 1856, has been appointed to the "Euryalus."

W. H. YATES, M.R.C.S.E., Assist.-Surg. F Brigade Royal Horse Artillery, has been posted to the A Battery at Umballah.

Births, Marriages, and Deaths.

BIRTHS.

On the 28th ult., at Brook-street, Grosvenor-square, the wife of C. J. Hare, M.D., of a son.

On the 31st ult., at Portobello, the wife of Dr. Walker, R.N., of a son.

On the 31st ult., the wife of E. Franey, M.R.C.S.E., of Banbury, of a son.

On the 1st inst., the wife of J. I. Atkinson, M.R.C.S.E., of Wylam, Northumberland, of a son.

On the 1st inst., at Dunkirk, Devizes, the wife of L. M. Burrows, M.D., of a daughter.

On the 2nd inst., at Springfield, near Tooting, Surrey, the wife of J. S. Riggs, M.D., of a daughter.

On the 4th inst., at Harcourt-street, Dublin, the wife of W. Carter, M.B., of a daughter.

MARRIAGES.

On the 24th ult., at Edinburgh, J. Nairn M'Dougall, M.D., of Coldingham, Berwickshire, to Jane Clark, daughter of the late G. Robertson, Esq., of Edinburgh.

On the 31st ult., at Blackrock, Cork, C. J. Trotter, M.R.C.S.E., of Holmfirth, Yorkshire, to Mary Emmeline, daughter of R. Honiball, Esq., of Blackrock.

DEATHS.

On the 2nd ult., J. Loughnan, M.D., of Listowel, Co. Kerry.

On the 23rd ult., E. W. W. Raleigh, F.R.C.S.E., late of the Bengal Medical Service, aged 62.

On the 27th ult., T. Nicolas, M.D., of Portland, Dorsetshire, aged 42.

On the 29th ult., at Green-lawn, Miltown Malbay, John Costello, M.D., aged 58.

On the 30th ult., at High-street, Perth, N.B., John Nairne, M.D.

On the 30th ult., Dr. Alex. Campbell, of Dunse, Berwickshire, aged 58.

On the 3rd inst., J. Tatterson, L.S.A., of Lepton, near Huddersfield, aged 65.

On the 3rd inst., at the Royal Victoria Hospital, Netley, D. O. Hoile, M.D., Staff Assist.-Surgeon, aged 34.

On the 4th inst., at Mount St. Joseph's Monastery, Clondalkin, Dr. J. Burke, late of Roscommon.

On the 4th inst., at London-street, Edinburgh, J. Munro, M.D., Deputy Inspector-General of Hospitals and Fleets, aged 60.

On the 6th inst., as Mall-terrace, Notting-hill, G. H. Adams, M.D., formerly of Geelong, Australia.

BOOKS ETC. RECEIVED.

Dr. S. Smith's Philosophy of Health.
Narrative of Sufferings of U.S. Officers and Soldiers whilst Prisoners of War.
Bacon's Railway and Commercial Map of the British Isles.
Sterling's Secret of Hegel. Two Vols., 8vo.
Dr. Johnson on the Laryngoscope.
Ledwich's Human Anatomy.
Mr. Plumer on Choice of a Microscope.
Mr. J. R. Sheen on Wine and other Fermented Liquors.
Piesse's Magic. Third Edition.
The Brown Book for 1865.
Mr. S. Wells on Diseases of the Ovaries. Vol. I.
Mr. F. Baker's Stone Talk.
Mr. Charles Hawkins on Lithotrity.
Mr. W. Lawley's Catalogue of Surgical Instruments.
Mr. E. Rimmel's Book of Perfumes.
Dr. Hillier's Handbook of Skin Diseases.
History of a Bit of Bread. Translated by Mrs. Gatty. Part II.
Index to Pathological Transactions. Vols. I. to XV.
Dr. D. F. Rennie: The British Army in China and Japan.
Mr. E. Hopkins's Cosmogony; or, the Principles of Terrestrial Physics.
Mr. W. Menzies on Utilization of Sewage.
Mr. J. F. M'Lennan on Primitive Marriage.
Mr. W. F. Clarke's Manual of Surgery.
Dr. F. H. Hamilton's Military Surgery and Hygiene. (New York.)
Aitken's Science and Practice of Medicine. Two Vols.
The Chemist's Desk Companion for 1865.

Medical Diary of the Week.

Monday, Feb. 13.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Mammalia."
ROYAL GEOGRAPHICAL SOCIETY.—8½ P.M.

Tuesday, Feb. 14.

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—3 P.M. Hunterian Oration, by Mr. Partridge.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Ballot.—8½ P.M. Dr. Morell Mackenzie, "On Inhalation of Atomized Liquids in Chronic Disease of the Lungs."—Mr. J. W. Hulke, "On Ichthyosis of the Tongue."—Dr. Hillier, "On Congenital Hydronephrosis."
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Feb. 15.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Mammalia."
MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures: Mr. Henry Smith, "On Stricture, Cancer, and Polypus of the Rectum."

Thursday, Feb. 16.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."
CHEMICAL SOCIETY.—8 P.M. Mr. J. Broughton: "New Reaction for Preparing Anhydrides and Ethers."—Dr. Fraser: "Chemistry of Calabar Bean."—Mr. C. Calvert: "Action of Silicate and Carbonate of Soda on Cotton Fibre."—Mr. Highley: "New Electric Lamp Regulator, &c."—Mr. J. Spiller: "Oxidation of India-rubber."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. J. Z. Laurence, "On certain Functional Diseases of the Retina;" and Discussion resumed on Dr. Drysdale's paper on "Phthisis."

Friday, Feb. 17.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Mammalia."
ROYAL INSTITUTION.—8 P.M. Mr. W. Huggins, "On the Physical and Chemical Constitution of the Fixed Stars and Nebulæ."

Saturday, Feb. 18.

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Marshall, "On the Nervous System."
METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.

To Correspondents.

A Voice from the Marshes asks for information relative to the new French remedy—viz., cuttlefish-bone and oyster-shells—for intermittent fever. The only help we can offer is to direct attention to the following work upon the subject:—"De la Guerison des Fièvres Intermittentes et Larvées au moyen de l'Os de Seiche et de l'Ecaille d'Huitre." Par MM. Brunet et Pinsan. Bourges, 1804.

Pater.—We understand that the number of students registered up to this period of the medical session is less this year by 300 than it has been for ten previous years. This is probably due to the necessity of pupils passing a preliminary examination.

Chirurgus in Rure.—Vaccine lymph can be obtained of Mr. Tomkins, National Vaccine Institution, Russell-place, Fitzroy-square.

A Poor Patient.—No letter of recommendation is necessary.

REMUNERATION OF POOR-LAW SURGEONS.

To the Editor of THE LANCET.

SIR,—The Poor-law Board persists in allowing boards of guardians to keep Poor-law surgeons at the lowest ebb of remuneration, though almost every class of society has raised the cry against them. If the paltry pittance allowed to these gentlemen for the *unlimited* labours and duties they have to perform was *bonâ fide* an untouched salary, there might be some excuse found for the scurvy amount. But, no! Payments have to be made out of the pittance; medicines, &c., have to be found and paid for almost to an unlimited extent—indeed I may say *unlimited* as far as the Poor-law Board and boards of guardians can make it, for their orders for medical relief are not stinted in any way; for almost anyone asking for a medical order can procure it, and many is the time I have union patients better off than myself. Yes, I had to pay for medicines for them under a compulsory order from the Poor-law authorities. If Poor-law surgeons must have *small* salaries, do not designedly make them smaller by the subterfuge of extracting payment for drugs out of them. Do these Poor-law authorities imagine that medicines cost nothing? Let them ask respectable medical men who dispense their own medicines and respectable wholesale druggists as to this, and they will then find out their mistake. Hitherto, and even now, they have acted, and do act, on the threadbare assertion that druggists get elevenpence out of the shilling profit. They may take this assertion as their motive principle in the awarding medical salaries; but it has only ended in their discredit, in a feeling that some others should be substituted in their place. They have failed in their administration on the ground that they have despised all counsel and advice from any source. The self-conceit that they have wrapped themselves in has properly thrown them into such discredit as to withdraw all confidence from them, and, as Mr. Farnall said or intimated the other day, "the Poor-law Board are fair game for any ridicule or abuse." He said this in irony; but I repeat it in hard earnest. They have rendered themselves so by their total disregard of such interests as should have enlisted their warmest and most earnest desire to do common justice. No large class of the community can quietly submit to be treated with such indifference as Poor-law medical men have been treated. To their truthful and just complaints a deaf ear has been turned, and the retort insinuated—"Oh! it is only a parish surgeon's complaint; take no notice of it; they are unrepresented, and cannot meet us. Put off the complaint by a vague and indefinite reply, couched in courteous language, as civility costs nothing, and we don't intend to let these parish doctors cost us much either in thought or deed, more especially in the way of money." Yours, &c.,

February, 1865. A PARISH DOCTOR.

Cæsar.—Dr. Green, of New York, has written specially on the affection alluded to. The late Dr. Mackness, of Hastings, wrote a little work on Dysphonia Clericorum.

T. B.—There is no law to prevent it.

Delta asks what is the dose of valerianate of atropia. By the mouth it may be given in doses of one-sixtieth of a grain twice a day. The most convenient vehicle is a watery infusion. The medical attendant must watch the case narrowly, especially as to the vision. Atropia speedily produces temporary paralysis of accommodation.

THE communication by *Dr. John Constable* shall receive early insertion.

AMENDMENT OF THE MEDICAL ACT.

Justice, on the proposed Amendment of the 40th Clause of the Medical Act, writes:—

"I am no lawyer; but judging from the wording of the proposed alteration above mentioned, no person holding a degree in Law, Divinity, or Philosophy could use the title of 'Doctor' unless registered. There are many persons holding the degree of Ph. D. who use the prefix Dr., and who may or may not be qualified practitioners; yet they would be liable to prosecution under the Medical Act.

"I would ask who is a physician? and who is a surgeon? Is a doctor of medicine a physician? Is a graduate in surgery a surgeon? If not, how can they register as such? A graduate in medicine may contend that a physician is not a doctor; but many of the former hold public appointments as physicians without being connected with a College of Physicians. If the Universities possess the power of making, *under one qualification*, doctor and physician, the Colleges of Physicians will not be required; and the same argument must hold good as relates to surgeons, though there are but few graduates in surgery at present.

"If the Colleges of Physicians intend to admit all graduates without examination, it will be exceedingly unjust, unless, however, the Universities agree to admit all fellows, members, and licentiates on the same pecuniary terms.

"The better plan, perhaps, would be to allow all graduates to register as physicians, and all fellows, members, and licentiates as doctors. Should any objection be made to such an arrangement as this, it will be incumbent on the part of those who are liable to be exposed to prosecutions to petition against the proposed amendment of the clause under consideration."

PSEUDO-PROFESSIONALS.

TWO persons who do not belong to the ranks of the registered and qualified members of the profession have this week figured in the journals under circumstances which might lead to misapprehension. "Dr. Henry Charles Smethwick, *alias* Tucker, *alias* Borromeo, described in the calendar as a surgeon," and who was convicted of felony at the Surrey Sessions, is not on the Register. The *Newcastle Chronicle* says that he is the once notorious Count Borromeo, who some years ago forged reports of an Italian Conference said to be holding its sittings in London. "Mr. John P. Sargeant, M.R.C.S., M.D.E.," whose letter appeared in the *Evening Standard* of Monday, February 6th, was struck off the Register by the Medical Council some time since.

Alfred E. W. should apply to some respectable surgeon.

MEDICAL DEATH CERTIFICATES: CASE OF G. E. EAGLES.

To the Editor of THE LANCET.

SIR,—At the meeting at the Beaumont Institution, it seemed to be the general wish that all matters in difference arising out of this case should be forgotten; and the meeting having paid me the unmerited compliment of unanimously placing my name as the first upon the committee appointed to consider and report upon these matters, it is necessary for all to work together harmoniously.

I therefore beg leave to withdraw my report upon this case which is in your hands for publication, and have no wish whatever to revive the painful points therein adverted to. I shall be glad, however, just to point out that Mr. Reilly has misapprehended the meaning of the word "mutilation," and to state explicitly that I used the term only in that simple sense in which it is applicable to the removal of a diseased limb or to the ordinary performance of a post-mortem examination; and reference to my letter will show that I have never suggested anything of felonious intent, of malice, or of wantonness in the post-mortem examination which was performed by Messrs. Todd and Reilly.

After having moved the amendment which displaced the first resolution at the meeting to which I have referred, I also stated that, although this case was not comprised by the terms of that amendment, I should be most happy to take the opinion of the meeting, and to say, if so desired, that if any such case should occur again to me I would forego my own personal opinion, and include it within the rule which was embodied in that amendment—a rule from which I had never departed.

Your obedient servant,

Gower-street, Feb. 4th, 1865. JAMES EDMUNDS, M.D.

Mr. Elliot West.—There is a special hospital for cases of epilepsy, situated in Queen-square, Bloomsbury. Our correspondent should put himself in communication with the resident medical officer of the institution.

SUBSCRIPTIONS FOR MRS. THOMAS.

THE following sums have been received in aid of the above Fund:—

Dr. Watson, Henrietta-street	... ...	£3	3 0
M. Pope, Esq., Hastings	... ...	0	10 6
— Palmer, Esq., Holme	... ...	1	0 0

L.S.A.—The case is a very painful one. If the name and address be given, a reply shall be sent.

A Naturalist may consult the list of works issued by the Anthropological Society of London. Some of these will, no doubt, answer his purpose.

THE CASE OF CORNELL VERSUS BORHAM.

To the Editor of THE LANCET.

SIR,—In the remarks you have made on the above case, permit me to state that the plaintiff's wife was *not a regular patient* of mine; but I was called in especially to take out the needle, which her own medical attendant (one of the witnesses against me) did not do, but "recommended Nature to take its course."

The needle had been in the hand *eleven* weeks. Its insertion was at the wrist on the palmar surface of the hand, and it was extracted from the dorsal surface near the knuckle of the ring-finger, the needle having wormed itself to that position.

I paid seven visits to the patient, five prior and two after the extraction, at one of which visits I attempted to extract it, but the operation proved abortive; this occupied me half an hour. The second attempt was successful two days after this.

I do not think 21s., which the plaintiff allowed me, was a sufficient remuneration for my time, &c., in this case, especially as the plaintiff has the second best business in the town as an ironmonger.

If abortive attempts at operations are not to be paid for, about one case in every fifteen that is operated on by the surgeon will be given gratuitously to the public. I am, Sir, your obedient servant,

February, 1865. W. H. BORHAM.

*** We insert Mr. Borham's letter; but it is only right to state that the patient expressly swore upon the trial that only one attempt at extraction was made by Mr. Borham. The judge had to decide upon the relative value of the conflicting evidence, and upon this matter we gave no opinion.

Podagra.—It is a secret medicine frequently used in gout, and appears to act somewhat like colchicum.

E. C.—The remarks are ungenerous, and probably unjust.

VOLUNTEER SURGEONS.

To the Editor of THE LANCET.

SIR,—Will you allow me, through your columns, to draw the attention of surgeons to volunteer corps to the fact that there are certain privileges conceded by the War Office to surgeons of militia regiments, which I think ought also to be given to us—viz., the passing of all recruits in our respective districts for the line, the charge of a detachment of a regiment quartered in the town without its surgeon or assistant. A militia surgeon, from his position as such, can claim these appointments, and they certainly ought to be allowed to volunteer surgeons also. Yours, &c.,

February 7th, 1865. A VOLUNTEER SURGEON.

Young Hopeful.—There are always plenty of applicants for such a situation. Unless our correspondent have some local and personal influence, we fear he will be unsuccessful. "Bide your time" is the best advice that can be given.

A Poor-law Surgeon.—In the absence of any special agreement, the duty of certifying would devolve upon the union surgeon.

A. L. F.—The compound iodine ointment externally and the syrup of iodide of iron internally.

H. (Leeds) should apply to Mr. Moore, 14 A, St. Mary-axe, Leadenhall-street.

THE TITLE OF "DOCTOR."

Mr. James Gage Parsons, of Bristol, says:—

"A better authority for the use of the prefix 'Dr.' by physicians than even the opinions of Coke, Ellenborough, and Mansfield, is to be found in the Charter of the College of Physicians, in these words:—

"'Doctoribus Joan Chambre, Thomæ Linacre, Ferdinando de Victoria, medicis nostris; Nicholao Halsewell, Johanni Francisco, et Rob. Yaxley, medicis.'

"As not one of these gentlemen was a doctor of medicine of a British University, and as they are all described as physicians, and not as doctors of medicine, it is evident that they were called 'doctors' on the ground of being physicians (qualified under the Act of 3 Henry VIII.), and not because some of them happened to be doctors of physic of foreign Universities.

"As far as I can find, and my search has been very extensive, the Charter of the College was the first public document in which the *prefix* doctor is given to any class of men. Up to this period the mode of addressing a doctor of physic or of divinity was thus:—'Master Simon de Brendon v. the Prior of Lewes (1367), doctor of physic;' 'Master John Wicliffe, doctor of divinity' (by Henry de Knighton, about 1400); thus proving that there is no necessary connexion between the prefix Dr. and the degree of doctor. It is somewhat singular that after three centuries and a half the prefix should now be refused to that class on whom it was first bestowed by Royal Charter and an Act of Parliament.

"In the case of Rex v. Pordich (1669), 'Pordich, doctor of physic of the College in London,' is excused from the office of constable, in the county of Berks, on the ground of being a person of quality.

"In the present day it is difficult to fix the exact sense in which the term 'doctor' was applied to the founders of the College in London; yet there can be no doubt that the present representatives of the College have the same right to the title, in the same sense, as it was at first given to those gentlemen.

"The College of Physicians has recently restored the bye-law under which the *old* licentiates (now called members) are addressed as 'Dr.'"

Suum Cuique writes:—

"Allow me to suggest to the various disputants that licentiates of the various Colleges of Physicians were in olden times rightly called doctors, for the Colleges licensed only those who had become medicinæ doctores. In modern times, the Colleges, having either so construed their old Charters or obtained explicit power in new ones, license whom they think fit; but they do not profess to confer any title on their permissi that they are not authorized to do by Royal authority or Act of Parliament. If they have not become doctors of medicine before becoming licentiates or members of a College of Physicians, the fact of their becoming such licentiate or member will not confer the title on them any more than it will make them doctors of divinity or doctors of law."

M.D. Edin. (Lynn) says:—

"Surely, Sir, a great deal of nonsense has been written about this same title of 'Dr.' For my part, I should say let the 'other physicians' take the title and make the most of it, provided they will abstain from deluding the public by pretensions which are utterly false. In this and many other districts it is considered rather derogatory to any one to call him 'doctor,' and the title is only used when speaking of surgeons and general practitioners, as one might say Barber So-and-so or Draper Thingumy. University graduates are always addressed by the more respectful title of 'Mr.'"

Acoustic.—By a decree dated November 27th, 1864, the Emperor of the French authorized the erection of a statue to Laennec.

Dr. G. W. Child's report of a case at the Radcliffe Infirmary is in type, and shall appear next week.

A Fellow of the Medico-Chirurgical Society, who writes concerning the Stone Hospital, should give his name. No notice can be taken of an anonymous communication.

Q. Q.—Blood ejected from the mouth may proceed from several sources—viz., from the lungs, stomach, thoracic aneurism, &c.

ROBBERIES ON MEDICAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—Keighley has been visited yesterday (Tuesday) by a person professing to be a traveller for orders for day-books, ledgers, and labels. His real object, however, is plunder. Three medical men were robbed here yesterday, and he attempted it in two other cases, but failed. From my surgery he took my surgical pocket-case, worth over £4; in the other instances his booty consisted of books and an opera-glass. Yours obediently,

Keighley, Feb. 1st, 1865. JAMES HAWORTH, M.R.C.S.

Mr. Haworth has since written as follows:—

"Permit me to say that I have urged the case on the police authorities, and on Thursday last our police superintendent arrested the man in Leeds, and traced the various articles stolen. I have recovered the contents of my surgical case. Dr. Cockcroft had three medical books, one excellent opera-glass, a surgical dressing-case, and a vaccination-case stolen from him. Mr. Dixon had lost Dr. Gairdner's work on Gout. All these articles have been recovered from the parties who bought them—viz., instruments from Mr. Senior, druggist; books from Mr. Fentiman, bookseller; and the opera-glass from Mr. Wm. Green, pawnbroker. The case has been before the magistrates to-day (Monday), and the man, who gives his name as Thos. Hewett, of Leeds, is committed to stand his trial at the quarter sessions."

A HOMŒOPATHIC MEDICAL REFEREE.

M.D. calls our attention to the medical appointments in connexion with the General Provident Insurance Company, the advertisement of which he has cut from *The Times* of Wednesday last:—

"*Medical Adviser*—R. F. Power, Esq., M.D., 71, Gloucester-place, Portman-square.

"*Homœopathic Referee*—Jacob Dixon, Esq., M.D., Great Ormond-street, W.C."

A Subscriber to THE LANCET, *M.R.C.S., L.S.A.*, directs our attention to the following:—

"A. (myself) was called up at one o'clock in the morning to see a gentlemen with his leg fractured. He was not my patient. B. had always attended him. However, he would not have B. sent for; so I attended to what was required (which took nearly two hours), and said that B. must be sent for in the morning. At six o'clock the gentleman sent to me to ask if the *bone-setter* had not better be sent for (an unqualified man). I replied that he could do as he thought proper; but if he did send for the bone-setter I should not call again. At half-past nine in the forenoon B. was called upon to see him. On being informed that the bone-setter had been sent for, B. refused to attend unless the bone-setter was dispensed with. The patient then applied to C., who is a member of the profession of forty years' standing. He at once went, and he and the bone-setter are jointly attending the case, and have been for three weeks. Did A. and B. do right in refusing to attend *with* the bone-setter? If so, what is your opinion of C.'s conduct?"

We apprehend there can be no difference of opinion as to the conduct of C., which was opposed to every principle of professional etiquette.

M.D., &c.—The fee for registration is £5. It will be necessary to furnish the Registrar with evidence of qualification. Application should be made to Dr. Hawkins, 32, Soho-square.

A Candidate.—The total expense is about £100.

A. B. C. should consult some respectable practitioner.

DUTIES OF GRAND JURIES.

To the Editor of THE LANCET.

SIR,—I am much indebted to your correspondent, Dr. Bree, for pointing out an erroneous statement in my speech at the Liverpool meeting, which escaped the notice of a large and attentive audience, and from which it appears that I unconsciously credited grand juries with a measure of impartiality which the prescribed method of performing their functions effectually prohibits them from exercising. The public, especially that section of the public who advocate the abolition of grand juries on the ground of their being a hindrance to the course of justice, will doubtless feel thankful to your correspondent for directing attention to a powerful argument in support of their views—namely, that these time-honoured functionaries do actually pronounce an opinion on the merits of every case brought before them, and thus more or less certainly prejudice every such case after hearing the evidence on *one* side only. Yours, &c.,

Liverpool, February 6th, 1865. A. B. STEELE, M.R.C.S.

THE APOTHECARIES ACT.

Lex observes:—"The remarks of your correspondent, 'M.D., M.R.C.S.,' in the last LANCET, on the monopoly exercised by the Apothecaries' Company, are no doubt founded in truth and justice, though it strikes me his grievance is one more imaginary than real. 'M.D., M.R.C.S.,' is as well qualified as any living man to take a Poor-law appointment, and Clause 22 of the Medical Act expressly provides for the recovery of his fees by stating that no person shall recover 'unless he shall prove upon the trial that he is registered under this Act;' and as to your correspondent being liable to a fine of £20 for dispensing his own medicines, unquestionably so long as he be a 'duly qualified' and 'registered' practitioner he may rest in peace, for the Apothecaries Act, at least as far as its penal clauses are concerned, was virtually abrogated by the Medical Act of 1858."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Grally Hewitt; Dr. Williams, Norwich; Dr. Carr; Mr. Gibbs, Aylesbury; Mr. Metcalfe; Mr. Banks, Evercreech; Mr. Webb; Mr. Furnivall, Egham (with enclosure); Mr. Jubb; Mr. Wilson, Manchester; Mr. Haworth, Keighley; Dr. Carson, Coleraine; Mr. Barr; Mr. Holmes; Mr. Edmondson, Lancaster; Mr. King; Dr. Thursfield; Mr. Collier; Mr. Babington, Cork; Mr. Palmer (with enclosure); Dr. Harle; Mr. Marshall; Mr. Napper, Cranley; Mr. Woodward; Mr. Stedman; Mr. Graham; Dr. Anger; Mr. Wilson, Horsforth; Dr. Jeans; Dr. Morson, Portobello; Mr. Sutton; Mr. Redfern Davies, Walsall; Mr. E. West, Tavistock; Mr. Houston; Mr. F. C. Jones; Dr. Day, Newmarket; Dr. Bree, Colchester; Dr. Althaus; Mr. Owen; Mr. Moore; Dr. Ure, York; Dr. Williamson, Aberdeen; Dr. Lawrence; Mr. Steele; Mr. Carpenter; Lady Brydges, Presteign; Mr. Brown; Mr. Marr; Dr. Odling; Mr. Rose, Guildford; Mr. Weller; Mr. Watson; Mr. Hicks, Plymouth; Dr. Bowen, Birkenhead; Dr. Mann, Manchester; Mr. Hope, Westoe; Mr. Woodford; Mr. Sandell, Bournemouth; Dr. Scholfield; Dr. Posner, Berlin; Mr. Read, Montreal; Dr. Biddle, Leeds; Mr. Sharpe; Dr. Richards, Brownhills; Mr. Gillett (with enclosure); Mr. Ryley; Mr. Whittall; Dr. Buchanan, Glasgow; Dr. Clay, Manchester; Dr. Johnstone, Goole (with enclosure); Mr. Borham; Dr. Edmunds; Mr. Thorley; Dr. Coates, Bournemouth; A Subscriber; Lex; Podagra; R. T.; C. B. (with enclosure); T. B.; R. C.; A Volunteer Surgeon; A General Practitioner; A Medical Officer, India; B. A.; H.; Harveian Society; L.S.A.; A. H. (with enclosure); M. J.; T. S.; A Fellow of the Medico-Chirurgical Society; Delta; Pathological Society; C. H. B.; &c. &c.

THE *Durham Chronicle*, the *Aberdeen Free Press*, the *Western Morning News*, the *Bucks Advertiser*, the *Oxford Times*, the *Bray Gazette*, the *York Herald*, the *Shepton Mallet Journal*, the *Montrose Standard*, the *Durham Chronicle*, the *Lancaster Observer*, the *Essex and West Suffolk Gazette*, the *Leeds Intelligencer*, the *Hastings and St. Leonards News*, and *Bell's Weekly Messenger* have been received.